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| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

# Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your | Kim First name                                 | First name                                    |
|     |  | Middle name                                    | Middle name                                   |
|     |  | Spori Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|     | meeting with the trustee.  | Last Harrie and Sunix (St., St., II, III)      | Last fiame and Sumx (St., St., II, III)       |
| 2.  | All other names you have used in the last 8 years  | Kim Bowden                                     |   |
|     | Include your married or maiden names.  |  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)                                     | xxx-xx-0223                                    |   |

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Debtor 1 Kim Spori

Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINS  | EINs   |
| 5. | Where you live  | 4270 Cattonwood Long  | If Debtor 2 lives at a different address:  |
|    |   | 1370 Cottonwood Lane<br>Crystal Lake, IL 60014  |  |
|    |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |   | Mallanni  |  |
|    |   | McHenry<br>County   | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |  |

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Case number (if known) Debtor 1 Kim Spori

| 7.         | The chapter of the Bankruptcy Code you are  |           |                                  |   | of each, see <i>Notice Required by</i> page 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.  |  |
|------------|---|-----------|----------------------------------|---|--|--|--|
|            | choosing to file under  | Chapter 7 |                                  |   |  |  |  |
|            |   | □с        | hapter 11                        |   |  |  |  |
|            |   | □с        | hapter 12                        |   |  |  |  |
|            |   | □с        | hapter 13                        |   |  |  |  |
| 8.         | How you will pay the fee  | •         | about how yo                     | u may pay. Typi<br>attorney is subn       | ically, if you are paying the fee yo                                   | k with the clerk's office in your local court for more details<br>burself, you may pay with cash, cashier's check, or money<br>alf, your attorney may pay with a credit card or check with |  |
|            |   |           |                                  |   | allments. If you choose this options (Official Form 103A).             | on, sign and attach the Application for Individuals to Pay   |  |
|            |   |           | •                                |   | ,  | n only if you are filing for Chapter 7. By law, a judge may,   |  |
|            |   | _         | but is not req<br>applies to you | uired to, waive y<br>ur family size an    | our fee, and may do so only if you do you are unable to pay the fee in | our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out sial Form 103B) and file it with your petition.              |  |
| <b>)</b> . | Have you filed for bankruptcy within the last 8 years?  | ■ No      |                                  |   |  |  |  |
|            | ·   |           | District                         |   | When   | Case number  |  |
|            |   |           | District                         |   | When   | Case number  |  |
|            |   |           | District                         |   | When   | Case number  |  |
| 10.        | Are any bankruptcy cases pending or being   | ■ No      | 0                                |   |  |  |  |
|            | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye      | es.                              |   |  |  |  |
|            |   |           | Debtor                           |   |  | Relationship to you  |  |
|            |   |           | District                         |   | When   | Case number, if known  |  |
|            |   |           | Debtor                           |   |  | Relationship to you  |  |
|            |   |           | District                         |   | When   | Case number, if known  |  |
| 11.        | Do you rent your residence?   | ■ No      | Go to I                          | ine 12.                                   |  |  |  |
|            | residence:  | □ Y€      | es. Has yo                       | ur landlord obta                          | ined an eviction judgment agains                                       | t you and do you want to stay in your residence?   |  |
|            |   |           |                                  | No. Go to line 1                          | 12.  |  |  |
|            |   |           |                                  | Yes. Fill out <i>Init</i> bankruptcy peti |  | Judgment Against You (Form 101A) and file it with this   |  |

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Document Page 4 of 57 Case number (if known) Debtor 1 Kim Spori Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Chapter 11 of the Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own

Number, Street, City, State & Zip Code

Where is the property?

perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Explain Your Efforts to Receive a Briefing About Credit Counseling

Part 5:

### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb  | tor 1 Kim Spori  |                        | Docui                                   |   | ase number (if known)         |                             |
|------|--|------------------------|---|---|-------------------------------|-----------------------------|
| Part | 6: Answer These Quest  | ions for Re            | porting Purposes                        |   |                               |                             |
| 16.  | What kind of debts do you have?                                |                        |   | y consumer debts? Consumer deb<br>personal, family, or household purpo                |                               | § 101(8) as "incurred by an |
|      |  |                        | ☐ No. Go to line 16b.                   |   |                               |                             |
|      |  |                        | Yes. Go to line 17.                     |   |                               |                             |
|      |  |                        |   | y business debts? Business debts nvestment or through the operation                   |                               |                             |
|      |  |                        | ☐ No. Go to line 16c.                   |   |                               |                             |
|      |  |                        | ☐ Yes. Go to line 17.                   |   |                               |                             |
|      |  | 16c.                   | State the type of debts yo              | ou owe that are not consumer debts  | or business debts             |                             |
| 17.  | Are you filing under<br>Chapter 7?                             | □ No.                  | I am not filing under Chap              | oter 7. Go to line 18.  |                               |                             |
|      | Do you estimate that after any exempt property is excluded and |                        |   | 7. Do you estimate that after any execution and a variable to distribute to unsecured |                               | and administrative expenses |
|      | administrative expenses  |                        | ■ No                                    |   |                               |                             |
|      | are paid that funds will be available for                      |                        | ☐ Yes                                   |   |                               |                             |
|      | distribution to unsecured creditors?                           |                        | _ 100                                   |   |                               |                             |
| 18.  | How many Creditors do  | <b>1</b> -49           |   | □ 1,000-5,000   | ☐ 25,001·                     | -50.000                     |
|      | you estimate that you  | ☐ 50-99                |   | ☐ 5001-10,000   | □ 50,001·                     |                             |
|      | owe?   | <b>100-19</b>          | 9                                       | <b>1</b> 0,001-25,000   | ☐ More th                     | nan100,000                  |
|      |  | □ 200-99               | 9                                       |   |                               |                             |
| 19.  | How much do you  | <b>\$0 - \$5</b>       | 0.000                                   | □ \$1,000,001 - \$10 milli  | on 🗆 \$500,00                 | 00,001 - \$1 billion        |
|      | estimate your assets to be worth?                              |                        | 1 - \$100,000                           | □ \$10,000,001 - \$50 mi  |                               | ,000,001 - \$10 billion     |
|      | be worth:  | □ \$100,0              | 01 - \$500,000                          | □ \$50,000,001 - \$100 m  |                               | 0,000,001 - \$50 billion    |
|      |  | □ \$500,0              | 01 - \$1 million                        | □ \$100,000,001 - \$500 i   | million $\square$ More th     | nan \$50 billion            |
| 20.  | How much do you  | □ \$0 - \$5            | 0,000                                   | □ \$1,000,001 - \$10 milli  | on 🗆 \$500,00                 | 00,001 - \$1 billion        |
|      | estimate your liabilities to be?                               | \$50,00                | 01 - \$100,000                          | □ \$10,000,001 - \$50 mi  |                               | 0,000,001 - \$10 billion    |
|      |  |                        | 01 - \$500,000                          | □ \$50,000,001 - \$100 m  |                               | 00,000,001 - \$50 billion   |
|      |  | □ \$500,0              | 01 - \$1 million                        | \$100,000,001 - \$500   | million $\square$ More t      | han \$50 billion            |
| Part | 7: Sign Below  |                        |   |   |                               |                             |
| For  | you  | I have exa             | amined this petition, and I             | declare under penalty of perjury that   | at the information provided i | s true and correct.         |
|      |  |                        |   | er 7, I am aware that I may proceed<br>ne relief available under each chapte          |                               |                             |
|      |  |                        |   | did not pay or agree to pay someoned the notice required by 11 U.S.C. §               |                               | nelp me fill out this       |
|      |  | I request r            | elief in accordance with the            | ne chapter of title 11, United States   | Code, specified in this petit | ion.                        |
|      |  | bankrupto<br>and 3571. | y case can result in fines t            | ent, concealing property, or obtainir<br>up to \$250,000, or imprisonment for         |                               |                             |
|      |  | /s/ Kim S              | •                                       | Signatur  | e of Debtor 2                 |                             |
|      |  |                        | of Debtor 1                             | . g.u.u.  |                               |                             |
|      |  | Executed               | • | Execute   |                               |                             |
|      |  |                        | MM / DD / YYYY                          |   | MM / DD / YYYY                |                             |
|      |  |                        |   |   |                               |                             |

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Debtor 1 Kim Spori Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ C. David Ward                      | Date          | June 21, 2017        |
|--|---------------|----------------------|
| Signature of Attorney for Debtor       | _             | MM / DD / YYYY       |
|  |               |                      |
| C. David Ward                          |               |                      |
| Printed name                           |               |                      |
| C. David Ward                          |               |                      |
| Firm name                              |               |                      |
| 1234 Douglas Road                      |               |                      |
| Oswego, IL 60543                       |               |                      |
| Number, Street, City, State & ZIP Code |               |                      |
| Contact phone <b>630-554-3065</b>      | Email address | cdward1945@yahoo.com |
| 2938065 Illinois                       |               |                      |
| Bar number & State                     |               | <del></del>          |

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|--------------------------------|----------------------------|----------|--------------------|--------------|--------------------------------------|
| Fill in this in                | nformation to identify you | ur case: |                    |              |                                      |
| Debtor 1                       | Kim Spori                  | Middl    | e Name             | Last Name    |                                      |
| Debtor 2<br>(Spouse if, filing |                            |          | e Name             | Last Name    |                                      |
| United State                   | s Bankruptcy Court for the | : NORTHE | RN DISTRICT OF ILL | INOIS        |                                      |
| Case numbe                     | er                         |          | _                  |              | ☐ Check if this is an amended filing |
| Official                       | Form 106Sum                |          |                    |              |                                      |

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

|     |  | Your as      | ssets<br>of what you own      |
|-----|--|--------------|-------------------------------|
|     |  | 7 0.100 0    | . mar you om.                 |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 6,163.94                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 6,163.94                      |
| Pai | t 2: Summarize Your Liabilities  |              |                               |
|     |  |              | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                          |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$           | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 51,672.34                     |
|     | Your total liabilities   | \$           | 51,672.34                     |
| Pai | t 3: Summarize Your Income and Expenses  |              |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 870.00                        |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 870.00                        |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sch | nedules.                      |
|     | ■ Yes What kind of debt do you have?   |              |                               |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | 070.00       |
|----|--|--------------|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | \$<br>870.00 |
|    |  |              |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clai | m    |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following:   |            |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$         | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 0.00 |

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|-------------|--------------|----------------------------|--|----------------------------------|--|---|
| Fill in     | this inforr  | mation to identify your    | case and this filing:  |                                  |  |   |
| Debto       | 1            | Kim Spori                  |  |                                  |  |   |
|             |              | First Name                 | Middle Name  | Last Name                        |  |   |
| Debto       |              | E: AN                      | ACT III AT   |                                  |  |   |
| (Spouse     | if filing)   | First Name                 | Middle Name  | Last Name                        |  |   |
| United      | States Ba    | nkruptcy Court for the:    | NORTHERN DISTRICT OF ILL   | INOIS                            |  |   |
| Casa        | number       |                            |  |                                  |  |   |
| Case        | iuiiibei _   |                            |  |                                  |  | ☐ Check if this is an amended filing              |
|             |              |                            |  |                                  |  | ŭ   |
| ~ · · ·     | –            | 4004/5                     |  |                                  |  |   |
| Offic       | ial Fo       | <u>rm 106A/B</u>           |  |                                  |  |   |
| Sch         | edul         | e A/B: Prop                | ertv   |                                  |  | 12/15   |
| hink it     | its best. B  | e as complete and accura   | te items. List an asset only once. If                                  | ole are filing together, both ar | re equally responsible for s             | upplying correct                                  |
|             | every ques   |                            | a separate sheet to this form. On t                                    | ine top of any additional page   | es, write your name and cas              | e number (ii known).                              |
| Part 1:     | Doscribo     | Each Posidoneo Building    | ې, Land, or Other Real Estate You C                                    | Num or Have an Interest In       |  |   |
| rait i.     | Describe     | Lacii Nesiderice, Bullulli | g, Land, or Other Real Estate Tou C                                    | own or mave an interest in       |  |   |
| . Do y      | ou own or h  | nave any legal or equitabl | e interest in any residence, buildin                                   | g, land, or similar property?    |  |   |
| ■ N         | o. Go to Par | + 2                        |  |                                  |  |   |
| _           |              |                            |  |                                  |  |   |
| <b>Ц</b>    | es. vvnere i | s the property?            |  |                                  |  |   |
| Part 2:     | Describe     | Your Vehicles              |  |                                  |  |   |
|             |              |                            | Making to day and the account to the                                   |                                  |  | 11.1  |
|             |              |                            | uitable interest in any vehicles;<br>le, also report it on Schedule G: |                                  |  | enicles you own that                              |
|             |              | •                          |  |                                  | nonpirou zoucoci                         |   |
| 3. Car      | s, vans, tr  | ucks, tractors, sport u    | tility vehicles, motorcycles   |                                  |  |   |
| ПΝ          | 0            |                            |  |                                  |  |   |
| ■ Y         | 20           |                            |  |                                  |  |   |
|             | 00           |                            |  |                                  |  |   |
| 3.1         | Make:        | Buick                      | Who has an interest in t   | the property? Check one          |  | laims or exemptions. Put                          |
| 5.1         | wanc.        | Rendezvous                 | Debtor 1 only  | ine property? Check one          |  | ed claims on Schedule D: ims Secured by Property. |
|             | _            | 2006                       | Debtor 2 only  |                                  |  |   |
|             | Approximat   |                            | Debtor 1 and Debtor 2  | 2 only                           | Current value of the<br>entire property? | Current value of the<br>portion you own?          |
|             | Other inform | nation:                    | ☐ At least one of the del  | •                                |  |   |
|             |              |                            |  |                                  | <b>\$0.050.00</b>                        | <b>\$0.050.00</b>                                 |
|             |              |                            | Check if this is comi  | munity property                  | \$2,350.00                               | \$2,350.00  |
|             |              |                            | (see instructions)   |                                  |  |   |
|             |              |                            |  |                                  |  |   |
|             |              |                            | TVs and other recreational veh   | •                                |  |   |
| Exar        | npies: Boa   | ts, trailers, motors, pers | onal watercraft, fishing vessels, s                                    | snowmobiles, motorcycle ac       | ccessories                               |   |
| ■ N         | 0            |                            |  |                                  |  |   |
| ПΥ          | es           |                            |  |                                  |  |   |
|             |              |                            |  |                                  |  |   |
|             |              |                            |  |                                  |  |   |
| 5 <b>Ad</b> | the dolla    | ar value of the portion    | you own for all of your entries  | from Part 2, including any       | y entries for                            | 40.050.00   |
| .pag        | jes you ha   | ave attached for Part 2    | Write that number here   |                                  | => <u> </u>                              | \$2,350.00  |
|             | -            |                            |  |                                  | L  |   |
| Part 3:     |              | Your Personal and Hous     |  |                                  |  |   |
| Do yo       | u own or l   | have any legal or equit    | able interest in any of the follo                                      | wing items?                      |  | Current value of the                              |
|             |              |                            |  |                                  |  | nortion you own?                                  |
| į           |              |                            |  |                                  |  | portion you own? Do not deduct secured            |

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

|  | Case 17-81480   | Doc 1              | Filed 06/21/17<br>Document | Page 11 of 57                                    | Desc Main  |
|--|---|--------------------|----------------------------|--|--|
| Debtor 1   | Kim Spori   |                    |                            | Case number (if known)                           |  |
| Yes.   | Describe  |                    |                            |  |  |
|  | House   | nold goods         | and furnishings.           |  | \$100.00   |
| ■ No   | es: Televisions and radios;<br>including cell phones, o                             |                    |                            | oment; computers, printers, scanners; music      | collections; electronic devices                              |
| ☐ Yes.   | Describe  |                    |                            |  |  |
| Example No   | bles of value les: Antiques and figurines; other collections, memo                  |                    |                            | oks, pictures, or other art objects; stamp, coir | n, or baseball card collections;                             |
| Example ■ No   | ent for sports and hobbie es: Sports, photographic, e musical instruments  Describe |                    | other hobby equipment;     | bicycles, pool tables, golf clubs, skis; canoes  | and kayaks; carpentry tools;                                 |
| 10. <b>Firearn</b><br>Examp<br>■ No                          |   | s, ammunition      | n, and related equipmen    | t  |  |
| □ No   | s  bles: Everyday clothes, furs  Describe   | , leather coat     | s, designer wear, shoes    | , accessories                                    |  |
|  | Wearin  | g apparel.         |                            |  | \$50.00  |
| ■ No □ Yes.  13. Non-fai Examp ■ No □ Yes.  14. Any otl ■ No | Describe  rm animals bles: Dogs, cats, birds, hors  Describe                        | es<br>old items yo |                            | ding rings, heirloom jewelry, watches, gems,     | gold, silver   |
|  | the dollar value of all of your art 3. Write that number h                          |                    |                            | ny entries for pages you have attached           | \$150.00   |
|  | scribe Your Financial Assets  |                    | act in any of the fall     | ing?   | Current value of the   |
| DO YOU OW  | vn or have any legal or eq  | juitable inter     | est III any of the follow  | ing :  | portion you own? Do not deduct secured claims or exemptions. |
| □ No   | oles: Money you have in yo  |                    |                            | osit box, and on hand when you file your petit   | ion  |

Schedule A/B: Property

Official Form 106A/B

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Debtor 1 Kim Spori \$20.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **Home State Bank** \$1.94 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: Deluxe Corporation 401K per QDRO entered in case 16 DV 393 Unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them...

| Dob   | otor 1                  | Case 17-81480   | Doc 1                       | Filed 06/21/17<br>Document                     | Page 13 of 57             |                           | Desc Main  |
|-------|-------------------------|---|-----------------------------|--|---------------------------|---------------------------|--|
| Deb   | ו וסו                   | Kim Spori   |                             |  |                           | Case number (if known)    |  |
| •     | <i>Exam</i><br>■ No     | ses, franchises, and other aples: Building permits, exclu   | isive licenses              |  | n holdings, liquor licens | ses, professional licens  | es   |
| Mor   | ney or                  | property owed to you?   |                             |  |                           |                           | Current value of the   |
|       | ·                       | , ,   |                             |  |                           |                           | portion you own? Do not deduct secured claims or exemptions. |
| _     | Tax re<br>∃ No          | efunds owed to you  |                             |  |                           |                           |  |
|       | Yes.                    | . Give specific information al  | bout them, in               | cluding whether you alre                       | ady filed the returns ar  | d the tax years           |  |
|       |                         |   | Inco                        | ome tax refunds.                               |                           |                           | \$3,642.00   |
|       | Exam<br>■ No            | y support uples: Past due or lump sum . Give specific information                                     |                             | usal support, child suppo                      | ort, maintenance, divor   | ce settlement, property   | v settlement   |
|       | Exam<br>■ No            | amounts someone owes ynples: Unpaid wages, disabilibenefits; unpaid loans . Give specific information | ity insurance               |  | efits, sick pay, vacatior | n pay, workers' compe     | nsation, Social Security                                     |
| _     |                         | sts in insurance policies aples: Health, disability, or life  | e insurance; l              | health savings account (                       | HSA); credit, homeowr     | ner's, or renter's insura | nce  |
|       |                         | . Name the insurance compa<br>Com   | any of each p<br>pany name: | olicy and list its value.                      | Beneficia                 | y:                        | Surrender or refund value:                                   |
|       | If you some             | are the beneficiary of a livin one has died.  Give specific information                               |                             |  |                           | currently entitled to rec | eive property because  |
| 33. ( | Claims<br>Exam          | s against third parties, wh<br>pples: Accidents, employmer  |                             |  |                           | for payment               |  |
|       | ■ No<br>□ Yes.          | . Describe each claim   |                             |  |                           |                           |  |
|       | No                      | contingent and unliquidat  . Describe each claim  |                             | every nature, includin                         | g counterclaims of th     | e debtor and rights to    | o set off claims   |
| _     | <b>Any fi</b> i<br>∃ No | nancial assets you did not  | t already list              |  |                           |                           |  |
|       |                         | . Give specific information   |                             |  |                           |                           |  |
|       |                         |   |                             | s listed on schedule<br>ate of fair market val |                           |                           | \$0.00   |

Official Form 106A/B Schedule A/B: Property page 4

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| Deb             | tor 1         | Kim Spori  |                                      | Case number (if known)       |            |
|-----------------|---------------|--|--------------------------------------|------------------------------|------------|
| 36.             |               | the dollar value of all of your entries from Part 4, art 4. Write that number here                                       |                                      | ges you have attached        | \$3,663.94 |
| Part            | 5: De         | scribe Any Business-Related Property You Own or Hav  | e an Interest In. List any real esta | ate in Part 1.               |            |
|                 | •             | own or have any legal or equitable interest in any busin   | ess-related property?                |                              |            |
|                 | No. Go        | to Part 6.   |                                      |                              |            |
|                 | Yes. G        | Go to line 38.   |                                      |                              |            |
| Part            |               | scribe Any Farm- and Commercial Fishing-Related Proposition ou own or have an interest in farmland, list it in Part 1.   | perty You Own or Have an Intere      | st In.                       |            |
| 46. <b>[</b>    | Do you        | ı own or have any legal or equitable interest in a   | ny farm- or commercial fishir        | ng-related property?         |            |
|                 | No.           | Go to Part 7.  |                                      |                              |            |
|                 | ☐ Yes         | . Go to line 47.   |                                      |                              |            |
|                 |               |  |                                      |                              |            |
| Part            | 7:            | Describe All Property You Own or Have an Interest in   | That You Did Not List Above          |                              |            |
|                 | Examµ<br>I No | have other property of any kind you did not alreades: Season tickets, country club membership  Give specific information | eady list?                           |                              |            |
|                 |               | the dollar value of all of your entries from Part 7.   | Write that number here               |                              | \$0.00     |
| <b>Part</b> 55. |               | List the Totals of Each Part of this Form  1: Total real estate, line 2  |                                      |                              | \$0.00     |
|                 |               | 2: Total vehicles, line 5  | \$2,350.00                           |                              | Ψ0.00      |
|                 |               | 3: Total personal and household items, line 15   | \$150.00                             |                              |            |
|                 |               | 4: Total financial assets, line 36   | \$3,663.94                           |                              |            |
| 59.             | Part 5        | 5: Total business-related property, line 45  | \$0.00                               |                              |            |
|                 |               | 6: Total farm- and fishing-related property, line 5  |                                      |                              |            |
|                 |               | 7: Total other property not listed, line 54  | + \$0.00                             |                              |            |
| 62.             | Total         | personal property. Add lines 56 through 61   | \$6,163.94                           | Copy personal property total | \$6,163.94 |
| 63.             | Total         | of all property on Schedule A/B. Add line 55 + lin   | e 62                                 |                              | \$6,163.94 |

Official Form 106A/B Schedule A/B: Property page 5

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|                     |                          | 17000000          | 111 FAUE 1.1 UL. |  |
|---------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor  | mation to identify your  | case:             |                  |  |
| Debtor 1            | Kim Spori                |                   |                  |  |
|                     | First Name               | Middle Name       | Last Name        |  |
| Debtor 2            |                          |                   |                  |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |
| Case number         |                          |                   |                  |  |
| (if known)          |                          |                   |                  |  |
|                     |                          |                   |                  |  |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |
| 2006 Buick Rendezvous Line from Schedule A/B: 3.1                                      | \$2,350.00                           |                                   | \$2,350.00  | 735 ILCS 5/12-1001(c)              |
| Ellio II oli i oli oli oli i oli i   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Household goods and furnishings.   | \$100.00                             |                                   | \$100.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule AVD. 4.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Wearing apparel. Line from Schedule A/B: 11.1  | \$50.00                              |                                   | \$50.00   | 735 ILCS 5/12-1001(a)              |
| Ellie II of II of Italia Av B. TTT   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash Line from Schedule A/B: 16.1  | \$20.00                              |                                   | \$20.00   | 735 ILCS 5/12-1001(b)              |
| Ellie II of Italia A. D. 10.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Home State Bank Line from Schedule A/B: 17.1                                 | \$1.94                               |                                   | \$1.94  | 735 ILCS 5/12-1001(b)              |
| Ellic Holli Gollodulo FVD. 1111  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

Filed 06/21/17 Entered 06/21/17 14:35:15 Document Page 16 of 57 Debtor 1 Kim Spori Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Income tax refunds. 735 ILCS 5/12-1001(b) \$3,642.00 \$3,228.06 Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Case 17-81480

Yes

Doc 1

Desc Main

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|                     |                          | 1210111           |             |                                   |
|---------------------|--------------------------|-------------------|-------------|-----------------------------------|
| Fill in this infor  | mation to identify your  | case:             |             |                                   |
| Debtor 1            | Kim Spori                |                   |             |                                   |
|                     | First Name               | Middle Name       | Last Name   |                                   |
| Debtor 2            |                          |                   |             |                                   |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                                   |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                   |
| Case number         |                          |                   |             |                                   |
| (if known)          |                          |                   |             | ☐ Check if this is amended filing |

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

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|-----------|-----------------------------|---|-----------------|-------------------------|--|---------------|---------------------------|
| Fill in   | this inform                 | ation to identify your c                      | ase:            |                         |  |               |                           |
| Debto     | r 1                         | Kim Spori                                     |                 |                         |  |               |                           |
| Dobio     |                             | First Name                                    | Middle N        | lame                    | Last Name  |               |                           |
| Debto     | r 2                         |   |                 |                         |  |               |                           |
| (Spouse   | e if, filing)               | First Name                                    | Middle N        | lame                    | Last Name  |               |                           |
| United    | d States Ban                | kruptcy Court for the:                        | NORTHER         | N DISTRICT OF ILL       | LINOIS   |               |                           |
| Case      | number                      |   |                 |                         |  |               |                           |
| (if know  |                             |   |                 | _                       |  |               | Check if this is an       |
|           |                             |   |                 |                         |  | ;             | amended filing            |
| Offic     | ial Form                    | 106E/F  |                 |                         |  |               |                           |
|           |                             | /F: Creditors W                               | ho Have         | Unsecured               | Claims   |               | 12/15                     |
|           |                             |   |                 |                         | Y claims and Part 2 for creditors with NONPR   | DIODITY of    |                           |
| eft. Att  | ach the Cont<br>nd case num | inuation Page to this page<br>ber (if known). | e. If you have  | no information to rep   | needed, copy the Part you need, fill it out, nur<br>port in a Part, do not file that Part. On the top  |               |                           |
| Part 1    |                             | of Your PRIORITY Uns                          |                 |                         |  |               |                           |
| _         | ,                           | rs have priority unsecured                    | claims again    | st you?                 |  |               |                           |
|           | No. Go to Pa                | art 2.  |                 |                         |  |               |                           |
|           | Yes.                        |   |                 |                         |  |               |                           |
| Part 2    | List All                    | of Your NONPRIORITY                           | Unsecured       | l Claims                |  |               |                           |
| 3. Do     | any creditor                | rs have nonpriority unsecu                    | ıred claims a   | gainst you?             |  |               |                           |
|           | No. You have                | e nothing to report in this pa                | rt. Submit this | form to the court with  | your other schedules.  |               |                           |
| •         | Yes.                        |   |                 |                         |  |               |                           |
| un<br>tha | secured claim               | , list the creditor separately                | for each claim  | . For each claim listed | e creditor who holds each claim. If a creditor he, identify what type of claim it is. Do not list claim have more than three nonpriority unsecured claim | is already in | cluded in Part 1. If more |
|           |                             |   |                 |                         |  |               | Total claim               |
| 4.1       | AAMS                        |   |                 | Last 4 digits of acco   | ount number  |               | \$1,804.00                |
|           |                             | Creditor's Name                               |                 |                         |  |               |                           |
|           |                             | Is Civic Parkway, Su<br>s Moines. IA 50265    | ite 202         | When was the debt       | incurred?  |               | _                         |
|           |                             | reet City State Zlp Code                      |                 | As of the date you f    | ile, the claim is: Check all that apply  |               |                           |
|           | Who incur                   | red the debt? Check one.                      |                 | ·                       | ,  |               |                           |
|           | ■ Debtor                    | 1 only  |                 | ☐ Contingent            |  |               |                           |
|           | Debtor 2                    | 2 only  |                 | Unliquidated            |  |               |                           |
|           | ☐ Debtor                    | 1 and Debtor 2 only                           |                 | ☐ Disputed              |  |               |                           |
|           | ☐ At least                  | one of the debtors and anot                   | her             | Type of NONPRIOR        | ITY unsecured claim:   |               |                           |
|           | _                           | if this claim is for a comm                   |                 | ☐ Student loans         |  |               |                           |
|           | debt                        | n subject to offset?                          | -               | Obligations arisin      | g out of a separation agreement or divorce that  | you did not   |                           |
|           | ■ No                        | •   |                 |                         | or profit-sharing plans, and other similar debts   |               |                           |
|           | ☐ Yes                       |   |                 |                         | collections for Cetegra Health Syst  | em            |                           |
|           |                             |   |                 |                         |  |               |                           |

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Debtor 1 Kim Spori Case number (if know) 4.2 \$387.00 **Account Receivable Solutions** Last 4 digits of account number Nonpriority Creditor's Name **PO Box 184** When was the debt incurred? Saint Johns, MI 48879-0184 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify collections for Rockford Cardiovascular ☐ Yes 4.3 Americollect Inc \$232.00 Last 4 digits of account number 001B Nonpriority Creditor's Name Po Box 1566 When was the debt incurred? **Opened 06/15** 1851 S Alverno Rd Manitowoc, WI 54221 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Beloit Radiology Ltd ☐ Yes 4.4 Americollect Inc \$199.00 001C Last 4 digits of account number Nonpriority Creditor's Name Po Box 1566 When was the debt incurred? **Opened 12/15** 1851 S Alverno Rd Manitowoc, WI 54221 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts No ■ Other. Specify Collection Attorney Beloit Radiology Ltd ☐ Yes

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| Kim Spori  |  | Case number (if know)  |  |
|--|--|--|--|
| Americollect Inc   | Last 4 digits of account number  | 001A   | \$97.00  |
| Nonpriority Creditor's Name Po Box 1566 1851 S Alverno Rd                                | When was the debt incurred?  | Opened 11/14   |  |
| Manitowoc, WI 54221  Number Street City State Zlp Code  Who incurred the debt? Check one | As of the date you file, the claim   | is: Check all that apply   |  |
|  | O continuent   |  |  |
| _  | •  |  |  |
| _  | <u> </u>   |  |  |
| <u> </u>   | •  | d claim:   |  |
| _  | ☐ Student loans  |  |  |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims   | rration agreement or divorce that you did not  |  |
| No   | Debts to pension or profit-sharin  | g plans, and other similar debts   |  |
| Yes  | Other. Specify Collection  | Attorney Beloit Radiology Ltd  |  |
| AmeriCredit/GM Financial   | Last 4 digits of account number  | 7480   | \$6,992.00   |
| Nonpriority Creditor's Name  |  | Opened 11/11   Last Active   |  |
| Po Box 183853<br>Arlington, TX 76096   | When was the debt incurred?  | 10/23/14   |  |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                     | As of the date you file, the claim i   | is: Check all that apply   |  |
| Debtor 1 only  | ☐ Contingent   |  |  |
| Debtor 2 only  | Unliquidated   |  |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |  |
| ☐ At least one of the debtors and another  | <u></u>  | d claim:   |  |
| ☐ Check if this claim is for a community   | _  |  |  |
| Is the claim subject to offset?  | report as priority claims  | ·  |  |
| No   |  |  |  |
| Yes  | Other. Specify unsecured   | credit repossessed vehicle   |  |
| Associated Collectors  | Last 4 digits of account number  | various  | Unknown  |
| PO Box 1039  | When was the debt incurred?  |  |  |
| Janesville, WI 53547   |  |  |  |
| , .  | As of the date you file, the claim i   | is: Check all that apply   |  |
| _  | Contingent   |  |  |
|  | -  |  |  |
|  | <u> </u>   |  |  |
| _  | •  | d claim:   |  |
|  | ☐ Student loans  |  |  |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not   |  |
| ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts   |  |
| ☐ Yes  | Other. Specify collections   | for various medical expenses   |  |
|  | Americollect Inc Nonpriority Creditor's Name Po Box 1566 1851 S Alverno Rd Manitowoc, WI 54221 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  AmeriCredit/GM Financial Nonpriority Creditor's Name Po Box 183853 Arlington, TX 76096 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Associated Collectors Nonpriority Creditor's Name Po Box 1039 Janesville, WI 53547 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Debtor 1 only Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community on the debt? Check one. Check if this claim is for a community on the claim subject to offset? No Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt | Americollect Inc Nonpriority Creditor's Name Po Box 1566 1851 S Alverno Rd Manitowoc, WI 54221 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Nonpriority Creditor's Name Po Box 183853 Arlington, TX 76096 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Suddent loans When was the debt incurred? As of the date you file, the claim is for a separe report as priority claims Cother. Specify Collection of the date you file, the claim is for a community debt Suddent loans When was the debt incurred? As of the date you file, the claim is for a community debt Indiquidated Suddent loans When was the debt incurred? As of the date you file, the claim is for a community debt Unliquidated Suddent loans Cother. Specify Suddent loans Cothers Specify Unliquidated Suddent loans Cothers Specify Unliquidated Suddent loans Cothers Specify Unliquidated Suddent loans Cother. Specify Unliquidated Suddent loans Cothers Specify Unliquidated Suddent loans Cother. Specify Unliquidated Suddent loans Cothers Specify Unsecured  Associated Collectors Nonpriority Creditor's Name Po Box 1039 Janesville, WI 53547 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 least one of the debtors and another Check if this claim is for a community debt Suddent loans Cother. Specify Unliquidated Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 onl | Americollect inc Nonprointy Creditor's Name PO Box 1566 1851 S Alverno Rd Manitowoc, Wil 54221 Number Street Gity State iz Dr Code Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only   Uniquidated     Debtor 1 and Debtor 2 only   D |

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| Debtor | 1 Kim Spori  | Case number (if know)   |         |
|--------|--|---|---------|
| 4.8    | Atg Credit LIc                                       | Last 4 digits of account number 9932  | \$18.00 |
|        | Nonpriority Creditor's Name 1700 W Cortland St       | When was the debt incurred? Opened 11/14  |         |
|        | Ste 2  | <u>·</u>  |         |
|        | Chicago, IL 60622  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply   |         |
|        | Who incurred the debt? Check one.                    | As of the date you me, the dam is. Oneok an that apply  |         |
|        | ■ Debtor 1 only                                      | ☐ Contingent  |         |
|        | ☐ Debtor 2 only                                      | Unliquidated  |         |
|        | ☐ Debtor 1 and Debtor 2 only                         | □ Disputed  |         |
|        | ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecured claim:  |         |
|        | ☐ Check if this claim is for a community             | ☐ Student loans   |         |
|        | debt   | Obligations arising out of a separation agreement or divorce that you did not                             |         |
|        | Is the claim subject to offset?                      | report as priority claims   |         |
|        | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |         |
|        | Yes  | ■ Other. Specify Collection Attorney Radiology Consultants Of Rockf                                       |         |
| 4.9    | Atg Credit Llc Nonpriority Creditor's Name           | Last 4 digits of account number   | \$10.00 |
| -      | 1700 W Cortland St<br>Ste 2                          | When was the debt incurred? Opened 02/15  |         |
|        | Chicago, IL 60622                                    |   |         |
|        | Number Street City State Zlp Code                    | As of the date you file, the claim is: Check all that apply   |         |
|        | Who incurred the debt? Check one.                    |   |         |
|        | Debtor 1 only  | Contingent  |         |
|        | Debtor 2 only  | ■ Unliquidated  |         |
|        | Debtor 1 and Debtor 2 only                           | Disputed  |         |
|        | At least one of the debtors and another              | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |         |
|        | ☐ Check if this claim is for a community debt        | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |         |
|        | Is the claim subject to offset?                      | report as priority claims   |         |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |         |
|        | ☐ Yes  | ■ Other. Specify Of Rockf   |         |
| 4.1    | Atg Credit Llc                                       | Last 4 digits of account number 2553  | \$9.00  |
| 0      | Nonpriority Creditor's Name                          | Last 4 digits of account number 2553  | Ψ3.00   |
|        | 1700 W Cortland St                                   | When was the debt incurred? Opened 06/13  |         |
|        | Ste 2  |   |         |
|        | Chicago, IL 60622  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply   |         |
|        | Who incurred the debt? Check one.                    |   |         |
|        | ■ Debtor 1 only                                      | ☐ Contingent  |         |
|        | ☐ Debtor 2 only                                      | ■ Unliquidated  |         |
|        | ☐ Debtor 1 and Debtor 2 only                         | ☐ Disputed  |         |
|        | ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecured claim:  |         |
|        | ☐ Check if this claim is for a community             | ☐ Student loans   |         |
|        | debt Is the claim subject to offset?                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |         |
|        | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |         |
|        | Yes  | Collection Attorney Radiology Consultants Other. Specify Of Rockf   |         |

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Case number (if know) Debtor 1 Kim Spori 4.1 Centegra Hospital Unknown Last 4 digits of account number Nonpriority Creditor's Name 3701 Doty Rd. When was the debt incurred? Woodstock, IL 60098 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify unsecured credit ☐ Yes 4.1 Check-N-Go \$1,500.00 Last 4 digits of account number Nonpriority Creditor's Name National Check Bureau Inc. When was the debt incurred? 11802 Conrey Rd. Cincinnati, OH 45249 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify unsecured credit ☐ Yes 4.1 Citizens Finance \$12,500.00 Last 4 digits of account number Nonpriority Creditor's Name 6457 N. 2nd St. When was the debt incurred? Loves Park, IL 61111 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify unsecured credit repossessed Jeep ☐ Yes

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| Kim Spori   | Case number (if know)   |   |
|---|---|---|
| Convergent Outsoucing, Inc  | Last 4 digits of account number 0448  | \$2,667.00                              |
| Nonpriority Creditor's Name Po Box 9004 Renton, WA 98057                      | When was the debt incurred? Opened 01/16  |   |
| Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |   |
| Who incurred the debt? Check one.   |   |   |
| Debtor 1 only   | ☐ Contingent  |   |
| Debtor 2 only   | Unliquidated  |   |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |
| At least one of the debtors and another                                       | Type of NONPRIORITY unsecured claim:  |   |
| Check if this claim is for a community  | Student loans   |   |
| debt<br>Is the claim subject to offset?                                       | <ul> <li>Obligations arising out of a separation agreement or divorce that you did not<br/>report as priority claims</li> </ul> |   |
| ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |   |
| Yes   | ■ Other. Specify Collection Attorney T-Mobile Usa   |   |
| Credit Collection Services  | Last 4 digits of account number   | \$95.00                                 |
| Nonpriority Creditor's Name<br>Two Wells Avenue Dept. 587<br>Newton. MA 02459 | When was the debt incurred?   | • |
| Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |   |
| Who incurred the debt? Check one.   |   |   |
| Debtor 1 only   | ☐ Contingent  |   |
| ☐ Debtor 2 only   | ■ Unliquidated  |   |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |
| ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community                                      | ☐ Student loans   |   |
| debt<br>Is the claim subject to offset?                                       | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                       |   |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |   |
| ☐ Yes   | ■ Other. Specify collections for Progressive Insurance Co.  |   |
| Creditors Protection S  | Last 4 digits of account number 0879  | \$409.00                                |
| Nonpriority Creditor's Name   | Last 4 digits of account number   | ψ+03.00                                 |
| Po Box 4115   | When was the debt incurred?   |   |
| Rockford, IL 61101  Number Street City State Zlp Code                         | As of the date you file, the claim is: Check all that apply   |   |
| Who incurred the debt? Check one.   | As or the date you me, the claim is. Oneck an that apply  |   |
| ■ Debtor 1 only   | ☐ Contingent  |   |
| Debtor 2 only   | ■ Unliquidated  |   |
| Debtor 1 and Debtor 2 only  | □ Disputed  |   |
| At least one of the debtors and another                                       | Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community                                      | ☐ Student loans   |   |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                       |   |
| ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |   |
| □Yes  | ■ Other Specify Uic College Of Medicine   |   |

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Case number (if know)

| Debto    | or 1 Kim Spori   | ——————————————————————————————————————                       | Case number (if know)                         |          |
|----------|--|--|---|----------|
| 4.1<br>7 | Dennis A Brebner & Assoc.  | Last 4 digits of account number                              |   | \$206.81 |
| <u>·</u> | Nonpriority Creditor's Name<br>860 Northpoint Blvd.<br>Waukegan, IL 60085-8211 | When was the debt incurred?                                  |   |          |
|          | Number Street City State Zlp Code  | As of the date you file, the claim                           | is: Check all that apply                      |          |
|          | Who incurred the debt? Check one.  |  | ,   |          |
|          | Debtor 1 only  | ☐ Contingent   |   |          |
|          | Debtor 2 only  | Unliquidated   |   |          |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                                 | d claim:                                      |          |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans  |   |          |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |          |
|          | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |          |
|          | Yes  | Other Specify collections                                    | for Swedish American Hospital                 |          |
| 44       |  |  |   |          |
| 4.1<br>8 | ERC/Enhanced Recovery Corp  Nonpriority Creditor's Name                        | Last 4 digits of account number                              | 7885  | \$790.00 |
|          | 8014 Bayberry Rd<br>Jacksonville, FL 32256                                     | When was the debt incurred?                                  | Opened 01/15                                  |          |
| _        | Number Street City State Zlp Code  | As of the date you file, the claim                           | is: Check all that apply                      |          |
|          | Who incurred the debt? Check one.  |  |   |          |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |          |
|          | ☐ Debtor 2 only  | Unliquidated   |   |          |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                                 | d claim:                                      |          |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans  |   |          |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   |   |          |
|          | No   | Debts to pension or profit-sharing                           |   |          |
|          | ☐ Yes  | Other. Specify Communic                                      | Attorney Charter<br>ation                     |          |
| 4.1<br>9 | ERC/Enhanced Recovery Corp   | Last 4 digits of account number                              | 4254  | \$772.00 |
|          | Nonpriority Creditor's Name<br>8014 Bayberry Rd<br>Jacksonville, FL 32256      | When was the debt incurred?                                  | Opened 02/16                                  |          |
|          | Number Street City State Zlp Code  | As of the date you file, the claim                           | is: Check all that apply                      |          |
|          | Who incurred the debt? Check one.  | ,  |   |          |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |          |
|          | Debtor 2 only  | Unliquidated   |   |          |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|          | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecure                                 |   |          |
|          | ☐ Check if this claim is for a community                                       | ☐ Student loans  |   |          |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims |   |          |
|          | ■ No   | Debts to pension or profit-sharing                           |   |          |
|          |  | Collection Other Specify Communic                            | Attorney Charter                              |          |
|          | Yes  | ation  |   |          |

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Debtor 1 Kim Spori Case number (if know) 4.2 \$448.00 **Forest Recovery Servic** 5452 Last 4 digits of account number 0 Nonpriority Creditor's Name Po Box 83 When was the debt incurred? **Opened 03/15** Barrington, IL 60011 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Illinois Spine Institute ☐ Yes 4.2 Harris & Harris 7737 Last 4 digits of account number \$1,805.00 Nonpriority Creditor's Name 111 W Jackson Blvd When was the debt incurred? Suite 400 Chicago, IL 60604 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Centegra Health Systems ☐ Yes 4.2 IC Systems, Inc 0001 \$96.00 Last 4 digits of account number Nonpriority Creditor's Name 444 Highway 96 East When was the debt incurred? **Opened 11/15** St Paul, MN 55127 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Roscoe Veterinary** Other. Specify ☐ Yes Clinic

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| Debto    | Kim Spori   | Case number (if know)   |            |
|----------|---|---|------------|
| 4.2      | Illinois Spine Institute Nonpriority Creditor's Name 360 Station Dr., #200 Crystal Lake, IL 60014 | Last 4 digits of account number  When was the debt incurred?  | \$1,500.00 |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                              | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |            |
|          | ☐ Debtor 2 only   | Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                    | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | Yes   | Other. Specify medical services   |            |
| 4.2      | Jefferson Capital Systems, LLC Nonpriority Creditor's Name  | Last 4 digits of account number 2003  | \$2,297.00 |
|          | 16 Mcleland Rd  | When was the debt incurred? Opened 10/16  |            |
|          | Saint Cloud, MN 56303   |   |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                              | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ■ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                 |            |
|          | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | ☐ Yes   | ■ Other. Specify  |            |
| 4.2<br>5 | JVC Processing aka Allied Assets  Nonpriority Creditor's Name                                     | Last 4 digits of account number   | \$1,182.00 |
|          | 401 E. 34th St.<br>New York, NY 10016-4914  | When was the debt incurred?   |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                              | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ■ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |            |
|          | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | ∏ yes   | Other Specific Unsecured credit   |            |

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| Debto    | or 1 Kim Spori   | ——————————————————————————————————————                       | Case number (if know)                         |          |
|----------|--|--|---|----------|
| 4.2      | Mutual Management Serv   | Last 4 digits of account number                              | 6163  | \$189.00 |
| <u> </u> | Nonpriority Creditor's Name 7177 Crimson Ridge Dr St                                     | When was the debt incurred?                                  | Opened 11/13                                  | ·        |
|          | Rockford, IL 61107  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |          |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |          |
|          | ☐ Debtor 2 only  | Unliquidated   |   |          |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |   |          |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |          |
|          | ■ No   | ☐ Debts to pension or profit-sharing                         | g plans, and other similar debts              |          |
|          | □Yes   | Other. Specify Collection                                    | Attorney Swedish American Mso                 |          |
| 4.2<br>7 | Mutual Management Serv   | Last 4 digits of account number                              | 1661  | \$133.00 |
|          | Nonpriority Creditor's Name 7177 Crimson Ridge Dr St Rockford, IL 61107                  | When was the debt incurred?                                  | Opened 10/13                                  |          |
|          | Number Street City State Zlp Code  | As of the date you file, the claim                           | is: Check all that apply                      |          |
|          | Who incurred the debt? Check one.  | _  |   |          |
|          | Debtor 1 only  | ☐ Contingent   |   |          |
|          | Debtor 2 only  | Unliquidated   |   |          |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |          |
|          | ☐ Check if this claim is for a community   | Student loans  |   |          |
|          | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|          | No   | ☐ Debts to pension or profit-sharir                          |   |          |
|          | Yes  | Other. Specify  Collection E                                 | Attorney Swedish American Mso                 |          |
| 4.2<br>8 | National Recovery Agency  Nonpriority Creditor's Name                                    | Last 4 digits of account number                              | 0208  | \$376.00 |
|          | 2491 Paxton St<br>Harrisburg, PA 17111   | When was the debt incurred?                                  |   |          |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                      | As of the date you file, the claim                           | is: Check all that apply                      |          |
|          | Debtor 1 only  | ☐ Contingent   |   |          |
|          | Debtor 2 only  | Unliquidated   |   |          |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                                      |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |   |          |
|          | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts              |          |
|          | ☐ Yes  | Other Specify Aspen Den                                      | tal   |          |

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Case number (if know) Debtor 1 Kim Spori 4.2 **Real Time Resolutions** 5648 Unknown Last 4 digits of account number 9 Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/06 Last Active Po Box 36655 When was the debt incurred? 12/21/12 Dallas, TX 75235 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Real Estate Mortgage ☐ Yes Southern Wisconsin Emergency 4.3 \$33.42 O Associ Last 4 digits of account number Nonpriority Creditor's Name PO Box 1925 When was the debt incurred? Indianapolis, IN 46206-1925 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify unsecured credit ☐ Yes 4.3 Springleaf Financial S \$12,500.00 7445 Last 4 digits of account number Nonpriority Creditor's Name Opened 07/11 Last Active Po Box 3251 When was the debt incurred? 8/03/12 Evansville, IN 47731 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify unsecured credit repossessed Van ☐ Yes

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| State Collection Service Nonpriority Creditor's Name                            | Last 4 digits of account number                                | 5719  | \$1,021.00 |
|---|--|---|------------|
| Po Box 6250<br>Madison, WI 53716  | When was the debt incurred?                                    | Opened 02/16                                  |            |
| Number Street City State Zlp Code   | As of the date you file, the claim i                           | s: Check all that apply                       |            |
| Who incurred the debt? Check one.   | ☐ Contingent   |   |            |
| Debtor 1 only   | ■ Unliquidated   |   |            |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                    | _ '  |   |            |
| ☐ At least one of the debtors and another                                       | ☐ Disputed  Type of NONPRIORITY unsecured                      | d claim:                                      |            |
| Check if this claim is for a community  | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?  | _  | aration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharin                              | g plans, and other similar debts              |            |
| Yes   | Collection A Other. Specify Hospital Cl                        | Attorney University Of Wi                     |            |
| Ubaidur R. Papa, MD   | Last 4 digits of account number                                |   | \$380.00   |
| Nonpriority Creditor's Name 460 Coventry Lane Crystal Lake, IL 60014            | When was the debt incurred?                                    |   |            |
| Number Street City State Zlp Code   | As of the date you file, the claim i                           | s: Check all that apply                       |            |
| Who incurred the debt? Check one.   | _  |   |            |
| Debtor 1 only   | Contingent   |   |            |
| Debtor 2 only   | Unliquidated   |   |            |
| Debtor 1 and Debtor 2 only  | Disputed   |   |            |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured  ☐ Student loans                 | d claim:                                      |            |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?   |  | aration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharin                              | g plans, and other similar debts              |            |
| □ Yes   | Other Specify medical ex                                       |   |            |
|   |  |   |            |
| UW Health Physicians  | Last 4 digits of account number                                |   | \$1,024.11 |
| Nonpriority Creditor's Name<br>7974 UW Health Court<br>Middleton, WI 53562-5531 | When was the debt incurred?                                    |   |            |
| Number Street City State Zlp Code   | As of the date you file, the claim i                           | s: Check all that apply                       |            |
| Who incurred the debt? Check one.   |  |   |            |
| ■ Debtor 1 only   | ☐ Contingent   |   |            |
| ☐ Debtor 2 only   | Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured                                  | d claim:                                      |            |
| ☐ Check if this claim is for a community debt                                   | Student loans  |   |            |
| debt Is the claim subject to offset?  | Obligations arising out of a sepa<br>report as priority claims | aration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharing                             | g plans, and other similar debts              |            |
|   |  |   |            |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

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| Debtor 1 Kim Spori                                   |   | Case number (if know)  |
|--|---|--|
| Check N Go<br>2787 Milwaukee Rd.<br>Beloit, WI 53511 | Line <u>4.12</u> of ( <i>Check one</i> ): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Bolon, Wi 30011                                      | Last 4 digits of account number           |  |
| Name and Address                                     | On which entry in Part 1 or Part          | 2 did you list the original creditor?  |
| MRS Associates Of NJ                                 | Line 4.6 of (Check one):                  | ☐ Part 1: Creditors with Priority Unsecured Claims   |
| 1930 Olney Ave.<br>Cherry Hill, NJ 08003             |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Onerry run, No 00000                                 | Last 4 digits of account number           |  |
| Name and Address                                     | On which entry in Part 1 or Part          | 2 did you list the original creditor?  |
| Ncc Business Services                                | Line <b>4.6</b> of ( <i>Check one</i> ):  | ☐ Part 1: Creditors with Priority Unsecured Claims   |
| PO Box 24739<br>Jacksonville, FL 32256               |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |
| 0ack3011v1116, 1 L 32230                             | Last 4 digits of account number           |  |
|  |   |  |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     |    | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims          |     |   |     |    |             |
| from Part 1           | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                       | 6f. | Student loans   | 6f. | •  | Total Claim |
| Total                 | ы.  | Student loans   | ы.  | \$ | 0.00        |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                       | 6h. | • • • •   | 6h. | \$ | 0.00        |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 51,672.34   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 51,672.34   |

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|                     |                          | 1700000           | III FAUE 3 I UI 37 |               |
|---------------------|--------------------------|-------------------|--------------------|---------------|
| Fill in this infor  | mation to identify your  | case:             |                    |               |
| Debtor 1            | Kim Spori                |                   |                    |               |
|                     | First Name               | Middle Name       | Last Name          |               |
| Debtor 2            |                          |                   |                    |               |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name          |               |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |               |
| Case number         |                          |                   |                    |               |
| (if known)          |                          |                   |                    | ☐ Check if th |
|                     |                          |                   |                    | amended f     |

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | h whom you have the cer, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | <del>-</del>                            |
|     |           |              |   |                   |   |
|     |           |              |   |                   | <u>_</u>                                |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.3 | J.,       |              | <u> </u>  | 2 0000            |   |
| 2.5 |           |              |   |                   | _                                       |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | Number    | Olleet       |   |                   |   |
|     | City      |              | State   | ZIP Code          | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     |           |              |   |                   |   |
|     | - N       | 0, ,         |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | -         |              |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | <del>_</del>                            |
|     |           |              |   |                   |   |
|     |           |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     |           |              |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
|     |           |              |   |                   |   |

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|                                   |   | Docume  | <u>nt Page 32 (</u>   | ot 57   |   |
|-----------------------------------|---|---|---|---|---|
| Fill in thi                       | is information to identify you  | r case:   |   |   |   |
| Debtor 1                          | Vim Cnari   |   |   |   |   |
| Deptor i                          | Kim Spori  First Name   | Middle Name   | Last Name   |   |   |
| Debtor 2                          |   |   |   |   |   |
| (Spouse if, f                     |   | Middle Name   | Last Name   |   |   |
| United St                         | tates Bankruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS   |   |   |
|                                   | , ,   |   |   |   |   |
| Case nur                          | mber  |   |   |   | Charlettitis is an  |
| (II KIIOWII)                      |   |   |   |   | ☐ Check if this is an amended filing                                  |
|                                   |   |   | <u> </u>  |   | amended illing  |
| Officia                           | al Form 106H  |   |   |   |   |
|                                   | dule H: Your Cod  | lobtoro   |   |   | 10/45   |
| Sche                              | dule H. Your Cot  | reprors   |   |   | 12/15   |
| ill it out,<br>our nam            | and number the entries in the<br>le and case number (if known<br>by you have any codebtors? (ii | e boxes on the left. Attach<br>1). Answer every question  | the Additional Page   | to this page. On the to   | needed, copy the Additional Page,<br>p of any Additional Pages, write |
| 1. DO                             | b you have any codebtors? (I  | r you are filing a joint case, o  | o not list either spouse  | e as a codebtor.  |   |
| ■ No                              |   |   |   |   |   |
| Arizo  ■ No □ Ye  3. In Co in lin | ne 2 again as a codebtor only   | a, Nevada, New Mexico, Pu<br>ouse, or legal equivalent live<br>otors. Do not include your<br>if that person is a guaran | erto Rico, Texas, Wash<br>with you at the time?<br>spouse as a codebto<br>tor or cosigner. Make | nington, and Wisconsin.) r if your spouse is filin sure you have listed t |   |
| out (                             | Column 2.   |   |   |   |   |
|                                   | Column 1: Your codebtor<br>Name, Number, Street, City, State and                                | ZIP Code  |   | Column 2: The cre<br>Check all schedule                                   | editor to whom you owe the debt es that apply:                        |
| 3.1                               |   |   |   | ☐ Schedule D, lin   |   |
| 3.1                               | Name  |   |   | ☐ Schedule E, III   |   |
|                                   |   |   |   | ☐ Schedule G, lir   |   |
|                                   |   |   |   | — Genedale 6, III   |   |
|                                   | Number Street<br>City   | State   | ZIP Code  |   |   |
|                                   | Oity  | Claic   | ZII Oode  |   |   |
|                                   |   |   |   |   |   |
| 3.2                               | Nama  |   |   | D Schedule D, lin   |   |
|                                   | Name  |   |   | ☐ Schedule E/F,   |   |
|                                   |   |   |   | ☐ Schedule G, lin   | ne  |
|                                   | Number Street   |   |   | _   |   |
|                                   | City  | State   | ZIP Code  |   |   |

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|                    | in this information to identify your country to the Kim Spori  | ase:   |  |                       |                      |  |                             |                           |                 |
|--------------------|--|--|--|-----------------------|----------------------|--|-----------------------------|---------------------------|-----------------|
| Del                | btor 1 Kim Spori btor 2 buse, if filing)   |  |  |                       | _<br>_               |  |                             |                           |                 |
|                    | ited States Bankruptcy Court for the   | : NORTHERN DISTRIC                                   | CT OF ILLINOIS                                   |                       |                      |  |                             |                           |                 |
|                    | se number<br>nown)   |  | -  |                       |                      | Check if this is:  An amende  A supplement   | d filing<br>ent showing     |                           |                 |
| 0                  | fficial Form 106I  |  |  |                       |                      | MM / DD/ Y   | as of the foll              | owing date:               |                 |
| S                  | chedule I: Your Inc  | ome  |  |                       |                      | IVIIVI / DD/ I   |                             |                           | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not fili<br>r spouse is not filing w | ng jointly, and your s<br>ith you, do not includ | spouse i<br>de inforr | s living<br>nation a | with you, included in with your spoot your spoot with the wind the with the | ude informa<br>ouse. If mor | ation about<br>e space is | your<br>needed, |
| 1.                 | Fill in your employment information.   |  | Debtor 1   |                       |                      | Debtor 2   | or non-filir                | ng spouse                 |                 |
|                    | If you have more than one job,   | Employment status                                    | ☐ Employed                                       |                       |                      | ☐ Emple  | oyed                        |                           |                 |
|                    | attach a separate page with<br>information about additional<br>employers.  |  | ■ Not employed                                   |                       |                      | ☐ Not e  | mployed                     |                           |                 |
|                    | Include part-time, seasonal, or self-employed work.  | Occupation Employer's name                           |  |                       |                      |  |                             |                           |                 |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address                                   |  |                       |                      |  |                             |                           |                 |
|                    |  | How long employed t                                  | here?  |                       |                      |  |                             |                           |                 |
| Pai                | rt 2: Give Details About Mor   | nthly Income   |  |                       |                      |  |                             |                           |                 |
|                    | mate monthly income as of the duse unless you are separated.   | ate you file this form. If                           | you have nothing to re                           | port for              | any line             | , write \$0 in the   | space. Inclu                | ıde your noı              | n-filing        |
| -                  | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to  |  | ombine the information                           | n for all e           | mploye               | rs for that perso  | n on the line               | es below. If              | you need        |
|                    |  |  |  |                       | Fo                   | or Debtor 1  | For Debt                    |                           |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |  |  | 2.                    | \$                   | 0.00   | \$                          | N/A                       |                 |
| 3.                 | Estimate and list monthly overt  | ime pay.   |  | 3.                    | +\$                  | 0.00   | +\$                         | N/A                       |                 |
| 4.                 | Calculate gross Income. Add lin  | ne 2 + line 3.                                       |  | 4.                    | \$                   | 0.00   | \$                          | N/A                       |                 |

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| Deb | tor 1              | Kim Spori   |   | _        | (   | Case number (if kr | own)  |           |                     |                 |        |
|-----|--------------------|---|---|----------|-----|--------------------|-------|-----------|---------------------|-----------------|--------|
|     | Con                | y line 4 here   |   | 4.       |     | For Debtor 1       | 0.00  |           | Debtor<br>-filing s |                 |        |
|     | •                  |   |   | ٦.       |     | Ψ                  | .00   | Ψ         |                     | IN/A            |        |
| 5.  |                    | all payroll deductions:   |   |          |     |                    |       |           |                     |                 |        |
|     | 5a.<br>5b.         | Tax, Medicare, and Social Secur<br>Mandatory contributions for reti   | •   | 5a<br>5b |     |                    | .00   | \$_<br>\$ |                     | N/A             |        |
|     | 5c.                | Voluntary contributions for retire  | •   | 5c       |     | ·                  | .00   | \$<br>    |                     | N/A<br>N/A      |        |
|     | 5d.                | Required repayments of retirements  |   | 5d       |     | ·                  | .00   | \$        |                     | N/A             |        |
|     | 5e.                | Insurance   |   | 5e       | ٠.  | . —                | .00   | \$        |                     | N/A             |        |
|     | 5f.                | Domestic support obligations  |   | 5f.      |     |                    | .00   | \$        |                     | N/A             |        |
|     | 5g.                | Union dues  |   | 5g       |     |                    | .00   | \$_       |                     | N/A             |        |
| _   | 5h.                | Other deductions. Specify:  |   | 5h       | .+  |                    | .00   |           |                     | N/A             |        |
| 6.  |                    | the payroll deductions. Add lines   | · ·   | 6.       |     |                    | .00   | \$        |                     | N/A             |        |
| 7.  | Calc               | ulate total monthly take-home pay   | Subtract line 6 from line 4.  | 7.       |     | \$                 | .00   | \$        |                     | N/A             |        |
| 8.  | <b>List</b><br>8a. | all other income regularly received<br>Net income from rental property<br>profession, or farm<br>Attach a statement for each proper<br>receipts, ordinary and necessary b | and from operating a business, ty and business showing gross  |          |     |                    |       |           |                     |                 |        |
|     |                    | monthly net income.   |   | 8a       |     |                    | .00   | \$        |                     | N/A             |        |
|     | 8b.                | Interest and dividends  |   | . 8b     | ٠.  | \$0                | .00   | \$        |                     | N/A             |        |
|     | 8c.<br>8d.         | regularly receive   | ou, a non-filing spouse, or a dependent<br>child support, maintenance, divorce<br>it.                                     | 8c<br>8d |     |                    | 0.00  | \$<br>\$  |                     | N/A<br>N/A      |        |
|     | 8e.                | Social Security   |   | 8e       |     | \$ 0               | .00   | \$        |                     | N/A             |        |
|     | 8f.                | that you receive, such as food star<br>Nutrition Assistance Program) or h<br>Specify:   | alue (if known) of any non-cash assistance<br>nps (benefits under the Supplemental  | 8f.      |     |                    | .00   | \$        |                     | N/A             |        |
|     | 8g.                | Pension or retirement income  | 0.04.11.41.00.00.00.00.11   | 8g       |     | \$0                | .00   | \$        |                     | N/A             |        |
|     | 8h.                | Other monthly income. Specify:  | Contributions from family members   | 8h       | .+_ | \$870              | .00   | + \$      |                     | N/A             | _      |
| 9.  | Add                | all other income. Add lines 8a+8b   | +8c+8d+8e+8f+8g+8h.   | 9.       | \$  | \$ 870             | .00   | \$        |                     | N/A             |        |
| 10. |                    | ulate monthly income. Add line 7 the entries in line 10 for Debtor 1 and  |   | 10.      | \$  | 870.00             | + \$_ |           | N/A                 | = \$            | 870.00 |
| 11. | Inclu<br>othe      | ide contributions from an unmarried  <br>r friends or relatives.<br>lot include any amounts already inclu   | the expenses that you list in Schedule partner, members of your household, your ded in lines 2-10 or amounts that are not | r depe   |     |                    |       |           | Schedule<br>11.     |                 | 0.00   |
| 12. |                    | e that amount on the Summary of Sc  | ine 10 to the amount in line 11. The reshedules and Statistical Summary of Certa  |          |     |                    |       |           | 12.                 | \$              | 870.00 |
| 13. | Do v               | rou expect an increase or decreas   | e within the year after you file this form  | 1?       |     |                    |       |           |                     | Combine monthly |        |
|     | <b>■</b>           | No.<br>Yes. Explain:  |   |          |     |                    |       |           |                     |                 |        |

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| Debtor 1    Kim Spori  | Fill       | in this information to identify your case:   |                             |                |                   |        |
|--|------------|--|-----------------------------|----------------|-------------------|--------|
| Debtor 2   |            |  |                             |                |                   |        |
| Case number (It known)    Comparison of the Comp |            |  |                             |                | A supplement show |        |
| Official Form 106J Schedule J: Your Expenses  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part     Describe Your Household   | Unit       | ted States Bankruptcy Court for the: NORTHERN DISTRICT C   | OF ILLINOIS                 | -              | MM / DD / YYYY    |        |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part     Describe Your Household  |            |  |                             |                |                   |        |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part   |            |  |                             |                |                   |        |
| information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Pat   Describe Your Household   |            | <b>_</b>   |                             |                |                   | 12/15  |
| No. Go to line 2.   No. Go to line 3.   No.    | info       | ormation. If more space is needed, attach another sheet  |                             |                |                   |        |
| Ves. Does Debtor 2 live in a separate household?   Ves. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.   Do you have dependents?  |            |  |                             |                |                   |        |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.    Do you have dependents?  |            | ☐ Yes. Does Debtor 2 live in a separate household?   |                             |                |                   |        |
| Do not list Debtor 1 and Debtor 2.  Do not state the dependents names.  Daughter  18  Yes.  Daughter  Daughter  18  Yes.  Daughter  Daughter  18  Yes.  Daughter  Daughter  18  Yes.  Daughter  Daughter  Daughter  Daughter  Daughter  Daughter  Daughter  Daughter  18  Yes.  Daughter  Daughter  Daughter  Daughter  18  Yes.  Daughter  Daug |            |  | expenses for Separate Hous  | sehold of Debt | or 2.             |        |
| Debtor 2.  Do not state the dependents names.  Daughter  18  Yes  No  Yes  A  Real estate tree the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. \$  0.00  4d. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  4d. Homeowner's association or condominium dues   | 2.         | Do you have dependents? ☐ No   |                             |                |                   |        |
| Daughter    Daughter   18  |            | ■ Yes  | •                           |                |                   |        |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Part 2:   |            |  | Daughter                    |                | 18                |        |
| 3. Do your expenses include expenses of people other than yourself and your dependents?    Part 2:   Estimate Your Ongoing Monthly Expenses  |            | ·  |                             |                |                   |        |
| 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes    Part 2:  |            |  |                             |                |                   | = '    |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  4d. Homeowner's association or condominium dues  |            |  |                             |                |                   |        |
| 3. Do your expenses include expenses of people other than yourself and your dependents?  Part 2: Estimate Your Ongoing Monthly Expenses  Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I</i> : Your Income (Official Form 106I.)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4a. \$ 0.00  4b. Property, homeowner's, or renter's insurance  4c. \$ 0.00  4d. Home maintenance, repair, and upkeep expenses  4d. \$ 0.00  0.00  |            |  |                             |                |                   |        |
| expenses of people other than yourself and your dependents? Yes    Part 2:   |            |  |                             |                |                   | ☐ Yes  |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.  Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes  4b. Property, homeowner's, or renter's insurance  4c. Home maintenance, repair, and upkeep expenses  4d. \$  0.00  4d. Homeowner's association or condominium dues  | 3.         | expenses of people other than  |                             |                |                   |        |
| the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L)  4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.  4. \$ 400.00  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  4d. \$ 0.00  4d. \$ 0.00  | Est<br>exp | imate your expenses as of your bankruptcy filing date upenses as of a date after the bankruptcy is filed. If this is |                             |                |                   |        |
| payments and any rent for the ground or lot.  If not included in line 4:  4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues  4. \$ 400.00  4. \$  0.00  4a. \$ 0.00  4b. \$ 0.00  4c. Homeowner's association or condominium dues  4d. \$ 0.00  | the        | value of such assistance and have included it on Sche  |                             |                | Your expe         | enses  |
| 4a.Real estate taxes4a. \$0.004b.Property, homeowner's, or renter's insurance4b. \$0.004c.Home maintenance, repair, and upkeep expenses4c. \$0.004d.Homeowner's association or condominium dues4d. \$0.00  | 4.         | • • •  | dence. Include first mortga |                |                   | 400.00 |
| 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues 4d. \$  0.00  0.00  |            | If not included in line 4:   |                             |                |                   |        |
| 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00  4d. Homeowner's association or condominium dues 4d. \$ 0.00   |            | 4a. Real estate taxes  |                             | 4a. \$         |                   | 0.00   |
| 4d. Homeowner's association or condominium dues 4d. \$ 0.00  |            |  |                             |                |                   |        |
|  |            |  |                             |                |                   |        |
|  | 5.         |  | ch as home equity loans     |                |                   |        |

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| tor 1 Kim Sp        | ori  | Case num   | nbe   | er (if known)  |  |
|---------------------|--|--|---|--|--|
| Utilities:          |  |  |   |  |  |
| 6a. Electricity     | y, heat, natural gas   | 6a.  | . \$  | \$   | 0.00   |
| 6b. Water, se       | ewer, garbage collection   | 6b.  | . \$  | \$   | 0.00   |
| 6c. Telephor        | ne, cell phone, Internet, satellite, and cable services  | 6c.  | . \$  | <b></b>  | 40.00  |
| 6d. Other. Sp       | pecify:  | 6d.  | . \$  | <b></b>  | 0.00   |
| Food and hou        | sekeeping supplies   |  |   |  | 200.00   |
| Childcare and       | children's education costs   | 8.   | . 9   | ·  | 0.00   |
| Clothing, laun      | dry, and dry cleaning  | 9.   | . \$  | <b></b>  | 50.00  |
| Personal care       | products and services  | 10.  | . 9   |  | 30.00  |
|                     |  | 11.  | . 9   |  | 0.00   |
|                     | •  |  | ·   |  |  |
|                     |  | 12.  | . \$  | \$   | 60.00  |
| Entertainment       | , clubs, recreation, newspapers, magazines, and bo   | oks 13.  | . \$  | \$   | 10.00  |
| Charitable con      | ntributions and religious donations  | 14.  | . \$  | \$   | 0.00   |
| Insurance.          | -  |  |   | -  |  |
| Do not include      | insurance deducted from your pay or included in lines 4  | or 20.   |   |  |  |
| 15a. Life insur     | rance  |  |   | ·  | 0.00   |
| 15b. Health in      | surance  | 15b.   | . \$  | <b>5</b>   | 0.00   |
| 15c. Vehicle in     | nsurance   | 15c.   | . \$  | \$   | 80.00  |
| 15d. Other ins      | surance. Specify:  | 15d.   | . \$  | \$   | 0.00   |
| Taxes. Do not       | include taxes deducted from your pay or included in line   | es 4 or 20.  |   |  |  |
| Specify:            | , , ,  |  | . \$  | \$   | 0.00   |
| Installment or      | lease payments:  |  |   |  | <del></del>  |
| 17a. Car payn       | nents for Vehicle 1  | 17a.   | . \$  | \$   | 0.00   |
| 17b. Car payn       | nents for Vehicle 2  | 17b.   | . \$  | \$   | 0.00   |
| 17c. Other. Sp      | pecify:  | 17c.   | . \$  | <u> </u>   | 0.00   |
| 17d. Other. Sp      |  |  | . \$  | \$   | 0.00   |
| Your payment        | s of alimony, maintenance, and support that you di   |  |   |  |  |
|                     |  | ai i oi iii iooij.   | . \$  | B  | 0.00   |
| Other paymen        | ts you make to support others who do not live with   | you.   | \$  | <b>B</b>   | 0.00   |
| Specify:            |  | 19.  |   |  |  |
|                     |  |  |   |  |  |
| 20a. Mortgage       | es on other property   |  |   |  | 0.00   |
| 20b. Real esta      | ate taxes  |  |   | ·  | 0.00   |
| 20c. Property       | , homeowner's, or renter's insurance   |  |   | •  | 0.00   |
| 20d. Maintena       | ance, repair, and upkeep expenses  | 20d.   | . \$  | \$ <u></u>   | 0.00   |
| 20e. Homeow         | ner's association or condominium dues  | 20e.   | . \$  | \$   | 0.00   |
| Other: Specify:     |  | 21.  | . +   | +\$  | 0.00   |
|                     |  |  | Г   |  |  |
| •                   | • •  |  |   | •  |  |
|                     | •  | F 40015  |   |  | 870.00   |
| 22b. Copy line      | 22 (monthly expenses for Debtor 2), if any, from Officia   | Form 106J-2  |   | Ψ  |  |
| 22c. Add line 2:    | 2a and 22b. The result is your monthly expenses.   |  |   | \$   | 870.00   |
| Coloulete           | monthly not income   |  | L   |  |  |
|                     |  | 222  | đ   | r  | 070.00   |
| , ,                 | , ,  |  |   | ·  | 870.00   |
| ZSD. Copy you       | ar monuny expenses from line ZZC above.  | 230.   | -   | .Φ   | 870.00   |
| 220 C. htmc -t      | vour monthly expanded from your monthly income   |  |   |  |  |
|                     |  | 23c.   | . 9   | \$   | 0.00   |
| ille lesu           | iit is your monuny net income.   | 200.   | Ľ   | •  |  |
| Do you expect       | an increase or decrease in your expenses within t  | ne year after you file this  | s f   | orm?   |  |
| For example, do y   | you expect to finish paying for your car loan within the year or c   |  |   |  | or decrease because of a   |
| modification to the | e terms of your mortgage?  |  |   |  |  |
|                     |  |  |   |  |  |
| ■ No.               |  |  |   |  |  |
|                     | 6a. Electricit 6b. Water, si 6c. Telephor 6d. Other. Si Food and hou Childcare and Clothing, laun Personal care Medical and d Transportation Do not include Entertainment Charitable cor Insurance. Do not include 15a. Life insur 15b. Health in 15c. Vehicle i 15d. Other ins Taxes. Do not Specify: Installment or 17a. Car payr 17b. Car payr 17b. Car payr 17c. Other. Si 17d. Other seal pro 20a. Mortgage 20b. Real esta 20c. Property 20d. Maintena 20e. Homeow Other: Specify: Calculate your 22a. Add lines 22b. Copy line 22c. Add line 2 Calculate your 23a. Copy line 23a. Copy line 23b. Copy you 23c. Subtract The resu Do you expect | <ul> <li>6a. Electricity, heat, natural gas</li> <li>6b. Water, sewer, garbage collection</li> <li>6c. Telephone, cell phone, Internet, satellite, and cable services</li> <li>6d. Other. Specify:</li> <li>Food and housekeeping supplies</li> <li>Childcare and children's education costs</li> <li>Clothing, laundry, and dry cleaning</li> <li>Personal care products and services</li> <li>Medical and dental expenses</li> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> <li>Entertainment, clubs, recreation, newspapers, magazines, and both Charitable contributions and religious donations</li> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4</li> <li>5a. Life insurance</li> <li>15a. Life insurance</li> <li>15b. Health insurance</li> <li>15c. Vehicle insurance. Specify:</li> <li>Taxes. Do not include taxes deducted from your pay or included in line Specify:</li> <li>Installment or lease payments:</li> <li>17a. Car payments for Vehicle 1</li> <li>17b. Car payments for Vehicle 2</li> <li>17c. Other. Specify:</li> <li>Your payments of alimony, maintenance, and support that you dideducted from your pay on line 5, Schedule I, Your Income (Officion Other payments you make to support others who do not live with Specify:</li> <li>Other real property expenses not included in lines 4 or 5 of this formation of the system of th</li></ul> | 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 6c. Tood and housekeeping supplies 7c. Childcare and children's education costs 8. Sclothing, laundry, and dry cleaning 9 Personal care products and services 100 motiniqual car payments. 110 motion include car payments. 111 mansportation. Include gas, maintenance, bus or train fare. 112 Do not include car payments. 113 misurance. 114 life insurance deducted from your pay or included in lines 4 or 20. 115 life insurance 155. 116 lie Halth insurance 156. 117 life insurance 157 life insurance 158. 118 life insurance 158 life insurance 159 life third taxes deducted from your pay or included in lines 4 or 20. 119 life insurance 159 life third taxes deducted from your pay or included in lines 4 or 20. 110 life insurance 159 life life taxes deducted from your pay or included in lines 4 or 20. 110 life insurance 159 life life life life life life life life | 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. Other insurance, and support that you did not report as deducted from your pay or included in lines 4 or 20. 6d. Other insurance. Specify: 6d. Other insurance specify: 6d. Other insurance insurance of insurance of insurance on the insurance of | 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, and cable services 6c. Telephone, and support satellite, and cable services 6c. Telephone, cell phone, maintenance, and support that you did not report seducted from your pay or ince S, Schedule I, Your Income (Official Form 106I). 6c. Telephone, and services 6c. Telephone, cell phone, maintenance, and support that you did not report seducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 6c. Telephone, separate services and support that you did not report seducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 6c. Telephone, separate services and support that you did not report seducted from your pay on line 5, Schedu |

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| Fill in this infor              | mation to identify your                            | case:                    |                |                      |                 |                                    |
|---------------------------------|--|--------------------------|----------------|----------------------|-----------------|------------------------------------|
| Debtor 1                        | Kim Spori  |                          |                |                      |                 |                                    |
|                                 | First Name   | Middle Name              | Last           | Name                 |                 |                                    |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name              | Last           | Name                 |                 |                                    |
|                                 |  |                          |                |                      |                 |                                    |
| United States Ba                | ankruptcy Court for the:                           | NORTHERN DISTRICT        | OF ILLINOIS    | 5                    |                 |                                    |
| Case number                     |  |                          |                |                      |                 |                                    |
| (if known)                      |  |                          |                |                      |                 | ☐ Check if this is an              |
|                                 |  |                          |                |                      |                 | amended filing                     |
|                                 |  |                          |                |                      |                 |                                    |
|                                 | 4000   |                          |                |                      |                 |                                    |
| Official For                    | -  |                          |                |                      |                 |                                    |
| Declarat                        | tion About a                                       | an Individual            | Debto          | r's Sche             | dules           | 12/15                              |
|                                 |  |                          |                |                      |                 |                                    |
| Sig                             | ın Below   |                          |                |                      |                 |                                    |
| Olg                             | III Delow  |                          |                |                      |                 |                                    |
| Did you pa                      | ay or agree to pay some                            | one who is NOT an attor  | rney to help y | ou fill out bankru   | ptcy forms?     |                                    |
| ■ No                            |  |                          |                |                      |                 |                                    |
| □ Yes.                          | Name of person                                     |                          |                |                      | Attach Bank     | ruptcy Petition Preparer's Notice, |
|                                 |  |                          |                |                      |                 | and Signature (Official Form 119)  |
|                                 |  |                          |                |                      |                 |                                    |
|                                 | alty of perjury, I declare<br>re true and correct. | that I have read the sum | nmary and sc   | hedules filed with   | this declaratio | n and                              |
|                                 |  |                          | v              |                      |                 |                                    |
| X /s/ Kin                       |  |                          | X _            | Signature of Debtor  | r 2             |                                    |
| Kim S<br>Signatu                | pori<br>ire of Debtor 1                            |                          |                | olgriature of Debtor | 1 4             |                                    |
| Signate                         |  |                          |                |                      |                 |                                    |
| Date                            | June 21, 2017                                      |                          |                | Date                 |                 |                                    |

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| Fill in th              | is inform                   | ation to identify you           | case:  |  |  |   |
|-------------------------|-----------------------------|---------------------------------|--|--|--|---|
| Debtor 1                |                             | Kim Spori                       | oueo.  |  |  |   |
| DODIOI I                |                             | First Name                      | Middle Name  | Last Name  |  |   |
| Debtor 2<br>(Spouse if, |                             | First Name                      | Middle Name  | Last Name  |  |   |
| United S                | states Bar                  | kruptcy Court for the:          | NORTHERN DISTRICT  | OF ILLINOIS  |  |   |
| Case nu<br>(if known)   | mber                        |                                 |  |  |  | ☐ Check if this is an amended filing                  |
| State                   | ment                        | nd accurate as possi            | ble. If two married people                                 | duals Filing for E   | e equally responsible fo                   |   |
|                         |                             | ). Answer every ques            |  | tills form. On the top of al   | iy additional pages, wil                   | te your name and case                                 |
| Part 1:                 | Give D                      | etails About Your Ma            | rital Status and Where Yo                                  | u Lived Before   |  |   |
| 1. Wha                  | at is your                  | current marital statu           | s?   |  |  |   |
|                         | Married                     |                                 |  |  |  |   |
|                         | Not marr                    | ied                             |  |  |  |   |
| 2. Dur                  | ing the la                  | st 3 years, have you            | lived anywhere other thar                                  | where you live now?  |  |   |
| 2. Dui                  | ing the id                  | or o years, nave you            | inved diff where other than                                | where you live how.  |  |   |
|                         | No                          |                                 |  |  |  |   |
| Ц                       | Yes. List                   | all of the places you l         | ved in the last 3 years. Do i                              | not include where you live no  | W.   |   |
| Del                     | btor 1 Pri                  | or Address:                     | Dates Debtor 1 lived there                                 | Debtor 2 Prior A   | ddress:                                    | Dates Debtor 2 lived there                            |
|                         |                             |                                 |  | egal equivalent in a commu<br>evada, New Mexico, Puerto F  |  | erritory? (Community property and Wisconsin.)         |
|                         | No<br>Yes. Ma               | ke sure you fill out <i>Sch</i> | nedule H: Your Codebtors (0                                | Official Form 106H).   |  |   |
| Part 2                  | Explair                     | n the Sources of You            | r Income   |  |  |   |
| Fill i                  | n the total<br>u are filing | amount of income yo             | u received from all jobs and<br>have income that you recei | ng a business during this y<br>all businesses, including par<br>we together, list it only once u | t-time activities. nider Debtor 1.         | s calendar years?                                     |
|                         |                             |                                 | Debtor 1   |  | Debtor 2                                   |   |
|                         |                             |                                 | Sources of income<br>Check all that apply.                 | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |

Document Page 39 of 57 Case number (if known) Debtor 1 Kim Spori Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. П Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Child Support \$860.00 the date you filed for bankruptcy: For last calendar year: Child Support \$10,320.00 (January 1 to December 31, 2016) For the calendar year before that: Child Support \$10,320.00 (January 1 to December 31, 2015) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Dates of payment **Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider.

**Total amount** 

paid

Amount you

still owe

Dates of payment

Insider's Name and Address

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Desc Main

Reason for this payment

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per person

Address:

8.

Person to Whom You Gave the Gift and

the gifts

Case 17-81480 Doc 1 Filed 06/21/17 Entered 06/21/17 14:35:15 Document Page 41 of 57 Case number (if known) Debtor 1 Kim Spori 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Amount of Date payment Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You 001 Debtorcc, Inc. 3-1-17 \$15.00 372 Summit Ave. Jersey City, NJ 07306 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred payment or transfer was made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was property transferred payments received or debts Address made

paid in exchange

Person's relationship to you

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Debtor 1 Kim Spori

| 19.   | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details. |  |                         |                           |   |   |
|---|---|--|-------------------------|---------------------------|---|---|
|   | Name of trust   | Description and v  | alue of the pro         | perty trans               | sferred   | Date Transfer was made                        |
| Par   | 8: List of Certain Financial Accounts, In   | struments, Safe Deposi   | t Boxes, and S          | torage Unit               | ts  |   |
| 20.   | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, on houses, pension funds, cooperatives, asso  No Yes. Fill in the details.   | or other financial accou   | nts; certificates       | s of deposi               | •   | , ,   |
|   | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)  | Last 4 digits of account number  | Type of acco instrument | unt or                    | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balance<br>before closing or<br>transfer |
| <ul> <li>21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other deposit, or other valuables?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   |  |                         | posit box or other deposi | itory for securities,   |   |
|   | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)          |                         | Describe                  | the contents  | Do you still have it?                         |
| 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  No Yes. Fill in the details.   |   |  |                         | cy?                       |   |   |
|   | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                         | Describe                  | the contents  | Do you still have it?                         |
| Par   | 19: Identify Property You Hold or Control   | for Someone Else   |                         |                           |   |   |
| 23.   | <ul> <li>Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>                     |  |                         |                           |   | or, or hold in trust                          |
|   | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)                 |                         | Describe                  | the property  | Value   |
| Par   | 110: Give Details About Environmental Inf   | ormation   |                         |                           |   |   |
| For   | he purpose of Part 10, the following definiti   | ions apply:  |                         |                           |   |   |

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Kim Spori

| 24.  | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No |  |  |       |  |                    |  |  |  |
|--|---|--|--|-------|--|--------------------|--|--|--|
|  |   | Yes. Fill in the details.                                      |  |       |  |                    |  |  |  |
|  |   | me of site<br>dress (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d     | Environmental law, if you know it                        | Date of notice     |  |  |  |
| 25.  | Hav   | e you notified any governmental unit of                        | any release of hazardous material?   |       |  |                    |  |  |  |
|  |   | No<br>Yes. Fill in the details.                                |  |       |  |                    |  |  |  |
|  |   | me of site<br>dress (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d     | Environmental law, if you know it                        | Date of notice     |  |  |  |
| 26.  | Hav   | e you been a party in any judicial or adm                      | ninistrative proceeding under any envi                                     | ironr | mental law? Include settlements a                        | nd orders.         |  |  |  |
|  |   | No<br>Yes. Fill in the details.                                |  |       |  |                    |  |  |  |
|  |   | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nat   | ture of the case   | Status of the case |  |  |  |
| Par  | t 11:   | Give Details About Your Business or 0                          | Connections to Any Business  |       |  |                    |  |  |  |
| 27.  | Wit   | hin 4 years before you filed for bankrupto                     | cy, did you own a business or have an                                      | y of  | the following connections to any                         | business?          |  |  |  |
|  |   | ☐ A sole proprietor or self-employed in                        | a trade, profession, or other activity,                                    | eith  | er full-time or part-time                                |                    |  |  |  |
|  |   | ☐ A member of a limited liability comp                         | any (LLC) or limited liability partnershi                                  | ip (L | LP)  |                    |  |  |  |
|  |   | ☐ A partner in a partnership                                   |  |       |  |                    |  |  |  |
|  |   | ☐ An officer, director, or managing exe                        | ecutive of a corporation   |       |  |                    |  |  |  |
|  |   | ☐ An owner of at least 5% of the voting                        | g or equity securities of a corporation                                    |       |  |                    |  |  |  |
|  |   | No. None of the above applies. Go to P                         | art 12.  |       |  |                    |  |  |  |
|  |   | Yes. Check all that apply above and fill                       |  | S.    |  |                    |  |  |  |
|  |   | siness Name  | Describe the nature of the business  |       | Employer Identification number                           |                    |  |  |  |
|  |   | dress<br>mber, Street, City, State and ZIP Code)               | Name of accountant or bookkeeper   |       | Do not include Social Security r  Dates business existed | number or ITIN.    |  |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all institutions, creditors, or other parties. |   |  |  |       | de all financial   |                    |  |  |  |
|  |   | No   |  |       |  |                    |  |  |  |
|  |   | Yes. Fill in the details below.                                |  |       |  |                    |  |  |  |
|  |   | me<br>dress<br>mber, Street, City, State and ZIP Code)         | Date Issued  |       |  |                    |  |  |  |
|  |   |  |  |       |  |                    |  |  |  |

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Case number (if known) Document Debtor 1 Kim Spori Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kim Spori Signature of Debtor 2 Kim Spori Signature of Debtor 1 Date June 21, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

☐ Yes

■ No

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|  |  | Doce  | ament rage 45 or 57   |   |
|--|--|---|---|---|
| Fill in this inforn  | nation to identify your  | case:   |   |   |
| Debtor 1   | Kim Spori  |   |   |   |
|  | First Name   | Middle Name   | Last Name   |   |
| Debtor 2<br>(Spouse if, filing)  | First Name   | Middle Name   | Last Name   |   |
|  |  |   |   |   |
| Jnited States Bar  | nkruptcy Court for the:  | NORTHERN DIST   | RICT OF ILLINOIS  |   |
| Case number  |  |   |   |   |
| if known)  |  |   |   | ☐ Check if this is an                                       |
|  |  |   |   | amended filing  |
| you have lease you must file this whicher on the fi two married pe sign and Be as complete a write you | ever is earlier, unless the form explement to the copie are filing together and date the form. The copies and accurate as possilour name and case nu | our property, or and the lease has no within 30 days after the court extends the er in a joint case, both ble. If more space is imber (if known). |   | creditors and lessors you list formation. Both debtors must |
|  | -  |   | : Creditors Who Have Claims Secured by Property                 | (Official Form 106D), fill in the                           |
|  | editor and the property  | that is collateral  | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C?         |
| Creditor's   |  |   | ☐ Surrender the property.                                       | □ No  |
| name:  |  |   | Retain the property and redeem it.                              |   |
| Description of   |  |   | ☐ Retain the property and enter into a                          | ☐ Yes   |
| Description of property  |  |   | Reaffirmation Agreement.  |   |
| securing debt:   |  |   | ☐ Retain the property and [explain]:                            |   |
| occurring dobt.  |  |   |   | _   |
| Creditor's   |  |   | ☐ Surrender the property.                                       | □ No  |
| name:  |  |   | Retain the property and redeem it.                              |   |
| December 1   |  |   | ☐ Retain the property and enter into a                          | ☐ Yes   |
| Description of   |  |   | Reaffirmation Agreement.  |   |
| property securing debt:  |  |   | ☐ Retain the property and [explain]:                            |   |
| securing debt.   |  |   |   | _   |
| Creditor's   |  |   |   |   |

Official Form 108

Creditor's

name:

property

Description of

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

 $\square$  Surrender the property.

☐ Retain the property and redeem it.

 $\hfill\square$  Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Yes

☐ No

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| Debtor 1                              | Kim Spori  | Case number (if known)   |                                 |
|---------------------------------------|--|--|---------------------------------|
| name:<br>Descrip                      | otion of   | <ul><li>☐ Retain the property and redeem it.</li><li>☐ Retain the property and enter into a Reaffirmation Agreement.</li></ul>   | ☐ Yes                           |
| property<br>securin                   |  | ☐ Retain the property and [explain]:   | -                               |
| For any ur<br>in the info             | rmation below. Do not list real estat  | erty Leases<br>at you listed in Schedule G: Executory Contracts and Unexpired<br>e leases. Unexpired leases are leases that are still in effect; the<br>erty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2 | lease period has not yet ended. |
| Describe                              | your unexpired personal property le  | eases  | Will the lease be assumed?      |
| Lessor's n<br>Descriptio<br>Property: | name:<br>n of leased   |  | □ No □ Yes                      |
| Lessor's n<br>Descriptio<br>Property: | name:<br>nn of leased  |  | □ No                            |
| Lessor's n<br>Descriptio<br>Property: | name:<br>on of leased  |  | □ No □ Yes                      |
| Lessor's n<br>Descriptio<br>Property: | name:<br>on of leased  |  | □ No □ Yes                      |
| Lessor's n<br>Descriptio<br>Property: | name:<br>on of leased  |  | □ No □ Yes                      |
| Lessor's n<br>Descriptio<br>Property: | name:<br>on of leased  |  | □ No □ Yes                      |
| Lessor's n<br>Descriptio<br>Property: | name:<br>on of leased  |  | □ No □ Yes                      |
| Part 3:                               | Sign Below   |  |                                 |
|                                       | nalty of perjury, I declare that I have i<br>hat is subject to an unexpired lease. | indicated my intention about any property of my estate that sec  | eures a debt and any personal   |
| Kim                                   | Kim Spori<br>Spori<br>ature of Debtor 1  | X Signature of Debtor 2  |                                 |
| Date                                  | June 21, 2017  | Date   |                                 |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-81480 Doc 1 Filed 06/21/17 Entered 06/21/17 14:35:15 Desc Main Document Page 51 of 57

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re  | e Kim Spori  |   | Case No   |                                      |
|--------|--|---|---|--------------------------------------|
|        |  | Debtor(s)   | Chapter   | 7                                    |
|        | DISCLOSU   | RE OF COMPENSATION OF A   | TTORNEY FOR D   | EBTOR(S)                             |
|        | compensation paid to me within   | nd Fed. Bankr. P. 2016(b), I certify that I am thone year before the filing of the petition in bank or(s) in contemplation of or in connection with   | cruptcy, or agreed to be pai  | d to me, for services rendered or to |
|        | For legal services, I have ag  | reed to accept  | \$  | 0.00                                 |
|        |  | ement I have received   |   | 0.00                                 |
|        |  |   |   | 0.00                                 |
| 2.     | The source of the compensation   | paid to me was:   |   |                                      |
|        | ■ Debtor □ Othe  | r (specify):  |   |                                      |
| 3.     | The source of compensation to be   | e paid to me is:  |   |                                      |
|        | ■ Debtor □ Othe  | r (specify):  |   |                                      |
| 4.     | ■ I have not agreed to share the   | e above-disclosed compensation with any other   | person unless they are men  | mbers and associates of my law firm  |
|        |  | ove-disclosed compensation with a person or per<br>ther with a list of the names of the people sharin   |   |                                      |
| 5.     | In return for the above-disclosed  | fee, I have agreed to render legal service for al   | l aspects of the bankruptcy   | case, including:                     |
|        | <ul> <li>b. Preparation and filing of any</li> <li>c. Representation of the debtor and</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with segretarion agreements</li> </ul> | cial situation, and rendering advice to the debto petition, schedules, statement of affairs and plant the meeting of creditors and confirmation heat coursed creditors to reduce to market valuents and applications as needed; preparations of liens on household goods. | n which may be required;<br>uring, and any adjourned he<br>ue; exemption planning | earings thereof;                     |
| 6.     | By agreement with the debtor(s), Representation of the   | the above-disclosed fee does not include the force debtors in dischargeability actions an   | ollowing service:  d/or adversary proceed   | dings.                               |
|        |  | CERTIFICATION   |   |                                      |
| this b | I certify that the foregoing is a consultant proceeding.   | omplete statement of any agreement or arrangen  | nent for payment to me for  | representation of the debtor(s) in   |
| J      | June 21, 2017  | /s/ C. David  | l Ward  |                                      |
|        | Date   | C. David W  |   |                                      |
|        |  | Signature of  |   |                                      |
|        |  | C. David W<br>1234 Doug   |   |                                      |
|        |  | Oswego, IL  |   |                                      |
|        |  |   | 65 Fax: 630-551-7131  |                                      |

cdward1945@yahoo.com

Name of law firm

### BANKRUPTCY RETAINER AGREEMENT

You have asked our firm to act as your attorneys. This agreement sets forth the terms under which we will represent you and shall become effective as soon as it is signed by both of us and we are paid as set forth herein. We reserve the right to terminate our attorney client relationship for non-payment of fees or costs and or the failure to provide the documents requests in a timely fashion. We do not advance any costs or expenses

· Page

I. <u>COSTS AND EXPENSES</u>. The following are the anticipated costs and expenses which may be incurred in your case: The case can not be filed without these fees being paid.

A. COURT COSTS: Initial filing fee to clerk of court

**FLAT FEE**. The attorney's fee that will charged for your

\$335.00 \$33.00 / \$5<del>3.00</del> 368

B. **CREDIT REPORT:** 

Chapter 7 bankruptcy will be

....

III. TOTAL DUE.

Π.

\$818.00 / \$838.00

3/28 se

IV. PRIVACY WAIVER. Many of the documents we will require and much of the information and due diligence we will have to complete will require our investigation into your personal financial records and all other venues of public data. This could include the Secretary of State, the Criminal Court records, the Civil Court records, the tax assessor's records, and all other sources of information that may be available through the internet (including IRS, IDOR, and census bureau) and other public sources of information. Said information will be used solely on your behalf and as is necessary to adequately represent you in the bankruptcy proceedings filed on your behalf. Should we not represent you said information will not be disclosed to any other person without your permission unless ordered to do so by a court with jurisdiction. Once this information is received we will have to include it in the paperwork necessary to complete the bankruptcy process on your behalf. You hereby authorize us to obtain the necessary information from any source available and further agree to execute any necessary waiver and or permissions required by any third party providers of this information.

- V. WE UNDERSTAND THAT THE CASE WILL NOT FILED UNLESS WE PROVIDE THE REQUIRED DOUMENTATION ON TIME AND MAKE THE PAYMENTS AGREED TO ON TIME. SAID FAILURE TO FILE MAY DEPRIVE US OF THE PROTECTION OF THE BANKRUPTCY SYSTEM AND COULD ADVERSELY AFFECT US.
- VI. WE UNDERSTAND THAT THE EXECUTION OF THIS AGREEMENT DOES NOT GUARANTEE THAT WE QUALIFY FOR A CHAPTER 7 BANKRUPTCY. NO REPRESENTATION AS TO WHICH CHAPTER WE QUALIFY FOR IS BEING MADE UNTIL THE MEANS TEST CALCULATION IS COMPLETED AND OTHER QUALIFICATIONS FACTORS ARE MET.

Dated: 1-6-16
Oblive

Book

**ILLINI LEGAL SERVICES:** 

- VII. WHAT WE WILL DO FOR YOU. Illini Legal Services will provide legal and other services as follow: PEOPLE INVOLVED. The full bankruptcy process involved many skilled people who work on various stages of your case. Some of the people involved are:
- ATTORNEY. The Attorneys at Illini Legal Services will provide over sight in all aspects of your case, meet with you as is necessary and attend those creditors meeting and court appearances as are agreed. Should legal fees be charges the current hourly rate is \$360.00 per hour.
- PARALEGAL. Illini Legal Services uses the services of paralegals. Paralegals are highly skilled non-attorneys who provide specialized support services. Paralegals are supervised by Attorneys and provide the support services to facilitate the document preparation, information gathering, and other essential tasks necessary in the orderly completion of your Bankruptcy. Should fees be charged they will be \$180.00 per hour.
- SECRETARIAL AND OTHER SUPPORT. Other people are also engaged in helping your successful trip through the bankruptcy process. These include secretaries, and other services. There is no separate hourly charge for these services and their costs are included in the hourly fees charged by Illini Legal Services.
- SERVICES PROVIDED. Once you have become our client we will provide among other services the following:
- EXPLANATION OF BANKRUPTCY. We will explain the bankruptcy process and the difference between the types of bankruptcy to you so that you can make a reasoned decision as to what you want to do. 2. NECESSARY PAPERWORK. We will provide all of the paper work necessary for you

to complete the bankruptcy process. This includes the following:

CREDITOR'S MEETING. In both Chapter 7 and Chapter 13 there is a mandatory meeting with the bankruptcy trustee know as the 341 meeting. We will prepare for and attend this meeting with you.

COURT APPEARANCES. If there are necessary court appearances we will prepare for

and attend them.

- a. Mundane Court Appearances. Mundane court appearances are routine court matters. They are held on court motion calls. Said mundane matters do not include set evidentiary hearings, adversary proceedings, and or other contested matters of an unusual nature.
- b. Adversary Proceedings and highly contested Court Appearances. Adversary Proceedings and highly contested Court Appearances are not included in the fee quoted above and there will be extra charges which will be discussed with you prior to the attendance of any court appearance. In most instances additional legal fees will have to be agreed to and paid.
- AMENDMENTS OF SCHEDULES. We will prepare and file on your behalf any necessary amendments to the paperwork. There may be an additional costs for this service with the court system which your will have to pay prior to the amendments.
- WHAT WE WILL NOT DO FOR YOU. Without further agreement between Illini and you, there are several things that Illini has not agreed to do. These include:
- ADVERSE PROCEEDINGS. Should any person, creditor, and or the trustee, initiate a lawsuit against you in the bankruptcy proceeding, (this is called an adversary proceeding) we have not agreed to represent you. Should this happen there will be additional fees, costs and expenses which we will have to agree to and will have to be paid. If we cannot come to an agreement we will withdraw as your attorney.
- ACTIONS CAUSED BY YOUR FAILURE TO LIVE UP TO YOUR AGREED RESPONSIBILITIES. Should you fail to do any of those things you have agreed to do as set forth in this agreement we have not agreed to represent you. Should this happen there will be additional fees, costs and expenses which we will have to agree to and will have to be paid. If we cannot come to an agreement we will withdraw as your attorney.
- WHAT YOU MUST DO FOR US. It is immensely important that we have your complete cooperation. All items must be paid, in advance, to Illini and a failure to pay same will result in our withdrawal from your case and may cause documents which must be filed in a timely fashion to be filed late or not all. We are not responsible for the consequences of your failure to get to us the information, whether written, or otherwise, in a timely fashion nor will we represent you in any of the proceedings occasioned by your failure, without further agreement about the representation and the payment of expenses, costs and fees. We cannot do our job for you unless we have the information to be able to deal with in a timely fashion. Not limiting the above, you must do the following:
  - ATTEND THE CREDITOR'S MEETING AND ALL COURT PROCEEDINGS ON TIME. A.
  - B. PROVIDE ALL DOUMENTRATION REQUESTED TO US WHEN WE REQUEST IT.
  - C. LET US KNOW OF ANY CHANGES IN YOUR CIRCUMSTANCES AS THEY MAY
  - E. COOPERATE IN A TIMELY FASHION WITH THIRD PARTIES NECESSARY TO THE SUCCESSFUL COMPLETTION OF YOUR CASE

## **United States Bankruptcy Court**Northern District of Illinois

|       |  | 1 (of their District of Immors        |                              |                |
|-------|--|---------------------------------------|------------------------------|----------------|
| In re | Kim Spori                                  |                                       | Case No.                     |                |
|       |  | Debtor(s)                             | Chapter 7                    |                |
|       |  |                                       |                              |                |
|       | VE   | RIFICATION OF CREDITOR N              | MATRIX                       |                |
|       |  | Number o                              | f Creditors:                 | 31             |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred | itors is true and correct to | the best of my |
| Date: | June 21, 2017                              | /s/ Kim Spori                         |                              |                |

AAMS
4800 Mills Civic Parkway, Suite 202
West Des Moines, IA 50265

Account Receivable Solutions PO Box 184 Saint Johns, MI 48879-0184

Americollect Inc Po Box 1566 1851 S Alverno Rd Manitowoc, WI 54221

AmeriCredit/GM Financial Po Box 183853 Arlington, TX 76096

Associated Collectors PO Box 1039 Janesville, WI 53547

Atg Credit Llc 1700 W Cortland St Ste 2 Chicago, IL 60622

Centegra Hospital 3701 Doty Rd. Woodstock, IL 60098

Check N Go 2787 Milwaukee Rd. Beloit, WI 53511

Check-N-Go National Check Bureau Inc. 11802 Conrey Rd. Cincinnati, OH 45249

Citizens Finance 6457 N. 2nd St. Loves Park, IL 61111 Convergent Outsoucing, Inc Po Box 9004 Renton, WA 98057

Credit Collection Services Two Wells Avenue Dept. 587 Newton, MA 02459

Creditors Protection S Po Box 4115 Rockford, IL 61101

Dennis A Brebner & Assoc. 860 Northpoint Blvd. Waukegan, IL 60085-8211

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

Forest Recovery Servic Po Box 83 Barrington, IL 60011

Harris & Harris 111 W Jackson Blvd Suite 400 Chicago, IL 60604

IC Systems, Inc 444 Highway 96 East St Paul, MN 55127

Illinois Spine Institute 360 Station Dr., #200 Crystal Lake, IL 60014

Jefferson Capital Systems, LLC 16 Mcleland Rd Saint Cloud, MN 56303

JVC Processing aka Allied Assets 401 E. 34th St.
New York, NY 10016-4914

MRS Associates Of NJ 1930 Olney Ave. Cherry Hill, NJ 08003

Mutual Management Serv 7177 Crimson Ridge Dr St Rockford, IL 61107

National Recovery Agency 2491 Paxton St Harrisburg, PA 17111

Ncc Business Services PO Box 24739 Jacksonville, FL 32256

Real Time Resolutions Attn: Bankruptcy Po Box 36655 Dallas, TX 75235

Southern Wisconsin Emergency Associ PO Box 1925 Indianapolis, IN 46206-1925

Springleaf Financial S Po Box 3251 Evansville, IN 47731

State Collection Service Po Box 6250 Madison, WI 53716

Ubaidur R. Papa, MD 460 Coventry Lane Crystal Lake, IL 60014

UW Health Physicians 7974 UW Health Court Middleton, WI 53562-5531